

Beaver Community Fair
CERTIFICATION AND STATEMENT OF DISCLOSURE

“U. S. D. A. WHOLESOME MEAT ACT”

We, the undersigned, certify that the market animals listed below have not received any non-approved drugs and that the withdrawal time required of all approved drugs or medications has been adhered to.

We agree that any antibiotic, medication, pesticide, or other substance administered to any market animal at the Beaver Community Fair will be administered by or under the direct supervision of a licensed veterinarian. We understand such medication or treatment may require additional withdrawal time and disqualify the entry from eligibility for sale or shipment to slaughter from the Beaver Community Fair.

Circle one: **BEEF DAIRY SHEEP GOAT SWINE RABBITS POULTRY**

Animal ID #: (*Ear Tag, Leg Band, Tattoo*)

Please complete the following information if any antibiotic, medication, pesticide, or other substance has been administered to these animals, thereby requiring additional time to meet legal withdrawal limits before slaughter.

	DATE	PRODUCT	AMOUNT	ROUTE	REASON
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

PRINT - OWNER/EXHIBITOR'S NAME

PRINT - PARENT OR GUARDIAN NAME

OWNER/EXHIBITOR'S SIGNATURE

PARENT OR GUARDIAN SIGNATURE

DATE: _____

DO NOT MAIL this certificate!

It must accompany your animal and be submitted with all other forms at check in for Beaver Community Fair. Your animal will not be accepted without it.