

2026 Contra Costa Fair Large Livestock Declaration of Medication Form

Exhibitor Name: _____

Exhibitor Address: _____

Exhibitor City, State and Zip: _____

Animal Species: (circle one) Beef Sheep Swine Meat Goat

Animal Identification (ear tag): _____

Scrapie's Identification #: _____ (Sheep and Meat Goats)

Initial Boxes and complete all sections that apply

I certify the above indicated animal has not been treated with prescription drugs and/or over the counter drugs.

I certify the above indicated animal has been treated with an over-the-counter drug for which the withdrawal period has been completed

Condition being treated for: _____

Medication dispensed: _____

Dose Given: _____

Dates of treatment: _____

Label Withdrawal time: _____

I certify the above indicated animal has been appropriately treated by a licensed vet with a medication as indicated below. The prescribed medication withdrawal period has not been completed by May 14, 2026.

I certify the above indicated animal has been appropriately treated by a licensed vet with medication as indicated below. The prescribed medication withdrawal period has been completed by May 14, 2026.

Condition being treated for: _____

Medication Dispensed: _____

Dose Given: _____

Date of treatments: _____

Instructed withdrawal time: _____

Name of Licensed Veterinarian providing care: _____

Exhibitors' Signature: _____

Parent/Leader/Guardian Signature: _____