

## 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

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

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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: \_\_\_\_\_