

Harper County Fair Livestock Show

Exhibitors must fill out entry form including signature of exhibitor, parent/guardian

Exhibitor Name: _____

Project Name: _____

The undersigned have read and agreed to abide by all rules governing the Show & Sale.

MARKET ANIMALS

Owner certification of market animals, with regard to the use of animal health aids, growth promotants or other livestock management substances is required. Please read and understand the following:

I am aware that:

- Chemical substances used in livestock production, disease prevention or disease control, have approved withdrawal times before harvest.
- Information on specific use and withdrawal times can be found on product label instructions or printed drug lists available from my County Extension office
- Tranquilizers and other non-approved substances should not be used for food animals.
- The withdrawal date for medication and legal drugs will be the date of animal check-in at the Harper County Fair.

THEREFORE, I certify that the animals I bring to this Show have

(check one):

While in my ownership, never been given a substance that requires a withdrawal time before harvest.

Complied with legal withdrawal times in the use of one or more approved chemical substances

BEEF PROJECT MEMBERS: I certify that the animals I plan to floor

have not been fed the active ingredient *zilpaterol* or “Show Max”

I understand that a violation of approved usage of these substances may be prosecuted and that ANY animal sold through the Harper County Fair Livestock Auction is subject to comprehensive drug tests at the option of the floor buyer. The Harper County Fair Association or Harper County Extension Council and their officers and management will not be held legally responsible.

Exhibitor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Address, City/St/Zip: _____

Livestock Medication Record

4-H Member's Name _____

Species (Circle One)

Beef Swine Sheep Goat

Eartag # _____

Proper Documentation of Livestock Drug Usage

- * Record all medications, given, wormer, implants, antibiotics, & medicated feeds.
- * Record name of drug **and** withdrawal time listed on label
- * Provide information for each column, if not applicable use N/A

A treatment record is required for each animal.

Treatment Date / Time	Animal ID Name, Species, ID number, description	Condition Being Treated	Estimated Weight	Treatment Given Medicine dispensed, amount, & route of administration	Person giving Treatment	Days for Withdrawal	Results	Withdrawal Completed Date / Time
ex. 3/12/14 10:00 a.m.	Angus Steer # 5546	Pneumonia	850	Penicillin G, 11cc, SQ	Wiley Wildcat	30	Recovered	4/12/2014 10:00

Retain this treatment record in your files for 12 Months after marketing your animal

This information is complete and correct:

4-H member Signature