



**THE DELAWARE STATE FAIR, INC.  
OFFICIAL DRUG USE NOTIFICATION & TEST SAMPLE COLLECTION FORM**



Exhibitor Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Animal Identification:</b>	<b>Species:</b> Cattle	<b>Placing:</b> Grand
Tag ID #: _____	Sheep	Reserve
Secondary ID #: _____	Swine	<b>Other:</b>
Color & Breed: _____	Goat	

**CHECK ALL STATEMENTS THAT APPLY:**

\_\_\_\_\_ I certify the animal above to be free of medication.

\_\_\_\_\_ The animal above has been medicated. If so, complete the treatment chart on the back of this form listing **ALL** drugs, treatment dates, individual who administered, and the prescribing veterinarian if applicable.

\_\_\_\_\_ My veterinarian has prescribed a drug used in an extra-label manner. I have attached a completed and fully signed AMDUCA form for each extra-label drug being used on the animal listed above.

**I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT.**

\_\_\_\_\_  
Print Clearly - Exhibitor Name

\_\_\_\_\_  
Signature of Exhibitor

\_\_\_\_\_  
Print Clearly - Parent/Guardian of Exhibitor

\_\_\_\_\_  
Signature of Parent/Guardian of Exhibitor

**SAMPLE IDENTIFICATION**

Barcode #:

Urine Specimen Cup #: \_\_\_\_\_

**I hereby certify that the information above has been read and is correct.**

\_\_\_\_\_  
Print Clearly - Collector

\_\_\_\_\_  
Signature of Collector

\_\_\_\_\_  
Print Clearly - Collection Witness

\_\_\_\_\_  
Signature of Collection Witness

\_\_\_\_\_  
Print Clearly - Exhibitor Name

\_\_\_\_\_  
Signature of Exhibitor

\_\_\_\_\_  
Print Clearly - Parent/Guardian of Exhibitor

\_\_\_\_\_  
Signature of Parent/Guardian of Exhibitor

*Exhibitor compliance with all applicable rules and regulations is essential to the integrity of The Delaware State Fair. Violations of any applicable rule or regulation may result in exhibitor sanctions including disqualification, forfeiture of monetary & non-monetary awards, and/or suspension of future Fairs. Rev 1.19.23*

**DELAWARE STATE FAIR  
OFFICIAL TREATMENT RECORD**

Treatment Date	Condition Treated	Medication Given	Amount / Dose	Route	Withdrawal Time	Date Withdrawal Complete	Individual Administering

**If this is a prescription drug, list the licensed veterinarian's name, address and phone number who prescribed or directed the treatment.**

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

Veterinarian's Phone: \_\_\_\_\_

*Exhibitor compliance with all applicable rules and regulations is essential to the integrity of The Delaware State Fair. Violations of any applicable rule or regulation may result in exhibitor sanctions including disqualification, forfeiture of monetary & non-monetary awards, and/or suspension of future Fairs. Rev 1.19.23*