



MARKET ANIMAL DRUG HISTORY – SHEEP



COMPLETE ONE FORM PER ANIMAL

Tag #: _____ Weight: _____

Age: _____ Color: _____

I hereby certify that this animal has not received or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances without following current withdrawal procedures.

Products & dates administered to this animal: _____

Signature of Exhibitor *Signature of Parent/Guardian* *Date*

Mailing address: _____

Phone: _____



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