EXHIBIT "I" DRUG USE NOTIFICATION & SAMPLE COLLECTION FORM

Exhibitor Name:		Date:			
Animal Identification:	Species:	Cattle	Placing:	Grand	
Tag ID #:		Sheep		Reserve	
Secondary ID #:		Swine	Other:		
Color & Breed:		Goat			
CHECK <u>ALL</u> STATEMENTS THAT APPLY:					
I certify the animal above to be free of medi	cation.				
The animal above has been medicated. If so drugs, treatment dates, individual who administered	•			_	
My veterinarian has prescribed a drug used signed AMDUCA form for each extra-label drug bein				mpleted and fully	
I HEREBY CERTIFY THAT THE INFORMATION SET FOI	RTH ABOVE IS	TRUE AND CORR	ECT.		
Print Clearly - Exhibitor Name	_	Signature o	of Exhibitor		
Print Clearly - Parent/Guardian of Exhibitor	_	Signature o	ignature of Parent/Guardian of Exhibitor		
SAMI	PLE IDENTIFI	CATION			
Barcode #:	U	rine Specimen (Cup #:		
I hereby certify that the information above has be	en read and is	correct.			
Print Clearly - Collector		Signature o	of Collector		
Print Clearly - Collection Witness	_	Signature o	of Collection V	Vitness	
Print Clearly - Exhibitor Name	_	 Signature o	of Exhibitor		
Print Clearly - Parent/Guardian of Exhibitor	_	 Signature (of Parent/Gua	rdian of Exhibitor	

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 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