



**2026 LARGE LIVESTOCK
-DECLARATION OF MEDICATION FORM-**

Name of Exhibitor _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Club/Chapter/Group: _____

Animal Species: _____ SBCF TAG #: _____ Scrapies #: _____

INITIAL AND COMPLETE ALL SECTIONS THAT APPLY

OVER THE COUNTER

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

____ I certify the above indicated animal has been treated with an over the counter drug for which the withdrawal period **has** been completed.

Prescription

____ I certify that above named animal has **NOT** been given prescription medication.

____ I certify that above named animal has been given prescription medication.

Condition being treated for: _____

Medication Dispensed: _____

Dates of treatment: _____ Labeled withdrawal time: _____

Name of licensed veterinarian providing care: _____

Veterinarian address: _____

City: _____ State: _____ Zipcode: _____ Phone: _____

Printed Name of Exhibitor _____ DATE

Signature of Exhibitor _____ DATE

Printed Name of Leader/Parent _____ DATE

Signature of Leader/Parent _____ DATE