

County

HORSE

Iowa 4-H Animal Care and Management Disclosure Statement(One Affidavit PER Exhibitor)

Last Name

First Name

		lerstand that I have an one of the learn that I have an one of the learn that I have an of the learn that I have a learn that	obligation to be a resp	oonsible producer	r. This subjects ever	y exhibit animal to all
tate Fair. We agree abstances. Also, as a	to the condition a condition of e animals have n		ntified on this form) roo a background check	nay be screened a for any past disc	for violative residue qualifications from o	s and any foreign
		te state and federal auth ermined by show mana		d, and regulatory	action can be expec	cted. Also exhibitors
ince May 15th	of the curre	nt year,				
No medica	ations have b	peen given to the an	imals listed belov	7		
	sure to inclu	medications have l	C			
Horse Name	Sex (Mare or Gelding)	Product Name	Amount of Drug Given (cc, water or feed concentration & strength)	Route (feed, water injectable by IM or SQ, IV, topical)	Who Administered	Diagnosis or Reason for Administration
Exhibitor's S	Signature	Parent/G	uardian's Signatu	re	Date IOWA STA Extension an	ATE UNIVERSITY