



HORSE

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

County _____ Last Name _____ First Name _____

As a youth livestock exhibitor, I understand that I have an obligation to be a responsible producer. This subjects every exhibit animal to all state and federal regulations involving proper drug usage.

We, the undersigned, certify that we have read, understand and will abide by all rules and regulations of the 4-H/FFA division of the Iowa State Fair. We agree to the condition that these entries (identified on this form) may be screened for violative residues and any foreign substances. Also, as a condition of entry, exhibitor agrees to a background check for any past disqualifications from other livestock shows. We certify that these animals have not received any non-approved drug(s), unless under the direction of a veterinarian. We further certify the information provided below is correct and accurate.

If violations are detected, appropriate state and federal authorities will be notified, and regulatory action can be expected. Also exhibitors will be subjected to penalties as determined by show management.

Since May 15th of the current year,

_____ No medications have been given to the animals listed below

_____ Yes, treatments and/or medications have been given and are listed for the animals below***

***** Be sure to include vaccinations, dewormers, supplements and any other treatments below**

Animal Treatment Records

Horse Name	Treatment Date	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 Signature

Parent/Guardian's Signature

Date