

Certification and Statement of Disclosure

We, the undersigned, certify that we have read, understand and will abide by all rules and regulations of the **Heart of the Ozarks Fair**. We agree to the condition that these entries (identified below) may be screened for volatile residues and understand the penalties of a positive test result. We certify that these animals have not received any non-approved drugs(s). We certify that our entries are not within any withdrawal time relative to the administration of any legal drug, vaccine or other substance **UNLESS NOTED BELOW**. We further certify that information provided below is correct and accurate.

Please fill out one sheet for all entries. Circle appropriate entries.

Date: _____ Beef Sheep Goat Swine

Animal ID: Ear Tag or Tattoo Number(s).

Please complete the following information **ONLY** if any antibiotic, medication, pesticide or other substance has been administered to these animals recently, thereby requiring additional time to meet legal withdrawal limits before slaughter.

	Date	Product	Amount	Route	Reason
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Owner's/Exhibitor's Signature

Parent/Guardian Signature