2021 _____ Prohibited Product Affidavit

Contact Information:

Exhibitor Name				
Address	City	State	Zip	_
Phone number		_ Email		
Parent or Guardian				
animal(s) is intended to ento; follow all federal regular my animal(s) to meet spean exhibitor at	nter the food chain for ations involving propertions of the integrations of the integrations. I also	nat I am raising a market anion consumption by the public ter drug use, prohibit the use ended market, as designated agree to abide by the policion teet zero tolerance of residurance.	c. Therefore, I have e of foreign substance I by my county fair o es set forth for disea	the responsibility ces and to raise or exhibition. As ase prevention
diet that includes generic derivative It is understood the these animals have regulations put in	the beta-agonist Rad). at all animals exhibi re not been given a p place by the	will be raise will be raise will be raise will be raise ted at the broduct deemed illegal for use the product will be taken by the	aylean®, Optaflexx® may be test se by the federal go	ed to certify that vernment or by
their rules, regulat I agree to follow the	ions and guidelines. ne label directions or	ction will be taken by the r veterinary recommendation mmendations, duration, etc.)	ns for all medications	_
	and failure to provid	on file for each individual exhet the completed affidavit by		
		orrect and accurate and that ing to market animals exhibit		nderstand this
Owner's/Exhibitors Sign	ature	Parent or Guardian's Sigr	nature (if exhibitor is under 18 y	rears of age)
Printed Name		Printed Name		
Date		Date		