

Drug Use Notification Form

The Drug Use Notification Form (DUNF) must be completed online before showing your junior fair animal. In the dairy area, it applies to all lactating animals. This is because milk can directly enter the food chain, even if you are using the parlor at your fair. Practice answering the questions below. They are the same or similar to the ones online. If you have more than one animal, begin by copying these pages as many times as needed. Copies are also available at go.osu.edu/4hdairyresources.

Exhibition/Fair that I am exhibiting at (enter county here): _____

If this Exhibition/Fair is not where you are participating, do not complete this form. Contact your 4-H Educator to obtain the correct link for your county.

Provide exhibitor contact information. (You will be asked your first name, last name, street or P.O. box number, city, state, zip code, email, phone number, and current age.)

List the animal identification number. This must be a tag, tattoo #, leg band, RFID chip, etc. DO NOT put the name of your animal as the identifier.

Select the species of your animal below.

CATTLE

HOGS

SHEEP

GOATS

When you take this survey, the choices for species depend on the version of the survey being used in your county. Be prepared to identify your project animal species (for example, cattle) and type (for example, dairy cow).

Describe your animal. What is the breed, sex, color, etc.

1. What is the breed of your animal? _____
2. What is the sex of your animal? _____
3. What is your animal's color? _____

Are you a Junior Fair market livestock exhibitor that attended or completed a Quality Assurance program during the last 12 months or have tested out of a program within your age bracket? YES NO

[If no] Explain why did you not complete Quality Assurance? _____

Is the above listed animal free of medication? YES NO

[If no] How many medication(s) have you treated this animal with that have not elapsed their withdrawal time? _____



[For each medication] You indicated that the above listed animal has been treated with a medication for which the withdrawal period has not elapsed. Please complete the information below. List only one medication per section. You will be given a chance to list additional medications.

Treatment Date _____

Condition Being Treated _____

Nature of Medication Given _____

Amount (Dose) _____

Route (IM, IV, SQ, Oral) _____

Instructed Withdrawal Time (# of Days) _____

Date Withdrawal Complete _____

Was this drug an extra label or Rx drug? YES NO

[If yes] A veterinarian must have prescribed this medication. List the licensed veterinarian's name and address who prescribed or directed the treatment.

First name of Veterinarian _____

Last name of Veterinarian _____

Full Address of Veterinarian _____

Phone Number of Veterinarian _____

Treatment Date _____

Condition Being Treated _____

Nature of Medication Given _____

Amount (Dose) _____

Route (IM, IV, SQ, Oral) _____

Instructed Withdrawal Time (# of Days) _____

Date Withdrawal Complete _____

Was this drug an extra label or Rx drug? YES NO

[If yes] A veterinarian must have prescribed this medication. List the licensed veterinarian's name and address who prescribed or directed the treatment.

First name of Veterinarian _____

Last name of Veterinarian _____

Full Address of Veterinarian _____

Phone Number of Veterinarian _____

Exhibitor/Owner Signature _____

Parent/Guardian Signature _____

