4-H Volunteer Conference
March 9, 2019

Tony M. Forshey, DVM
State Veterinarian
Ohio Department of Agriculture
2018 Exhibition Season

- 1 ODA investigation in 2018
  - 2017 - 4 investigations
- 14 additional occurrences
2018 Exhibition Investigations

- Reserve Grand Champion Market Dairy Steer
  - Tested positive for flunixin

- 14 retained testicles
  - 12 hogs
  - 1 lamb
  - 1 goat

Educate exhibitors to ask if their animals have been properly castrated when purchased

3/27/2019
2018 Exhibition Investigations

- Retained Testicles
  - Fairs notified
  - Fair responsible for imposing disciplinary action

3/27/2019
Exhibition Regulations

- “Market livestock” means exhibition livestock bred, raised and intended for slaughter for food purposes

- “Market poultry” means birds including, but not limited to, meat chickens, turkeys, geese, and ducks
Exhibition Regulations

- 901-19-07  Quality Assurance
- Exhibitors must attend a quality assurance session or pass a test based on specific criteria before exhibiting animals in a terminal or partial terminal market livestock, including market poultry, lactating dairy cattle and lactating goats in a junior livestock show
  - Market poultry includes chickens, turkeys, ducks and geese
  - Includes market rabbits exhibited in a terminal or partial terminal show
901-19-07  Quality Assurance

- QA shall be completed NO LESS THAN 45 days prior to the opening date of the exhibition
Swine Identification

Pursuant to Part 71.19 of the Code of Federal Regulations:

- If swine will be going to a licensed livestock facility following sale; OR
- If swine will be going out of state for slaughter; OR
- If there are out of state swine present at the exhibition, THEN

One of the following forms of identification will be required:

- Official eartag; OR
- Four-digit tattoo.
Sheep & Goat Identification

- All sheep and goats are required to have official scrapie identification unless they are wethers less than 18 months of age.
- Sheep and goats born after January 1, 2002 must have official USDA identification and be identified to the flock of birth.
- Educate exhibitors to purchase identified sheep and goats.
Cattle Identification

- If cattle have RFID tags, do not retag them with another RFID tag
- Fair tags may be used in addition to the RFID tag
Official Identification

- It is **ILLEGAL** to remove official identification from ANY animal.  
  9 CFR Part 71.22

- 840 tags (electronic and visual)
- NUES tags (metal with USDA shield)
- Scrapie tags
Ohio State Fair Beef ID

- RFID and DNA required
- Premises registration required for RFID
Pullorum Testing

- Market chickens and turkeys must
  - Originate from an NPIP flock or hatchery; or
  - Be tested within 90 days prior to show; or
  - Be tested upon arrival by an approved tester
- Market poultry commingled with non-NPIP birds are required to be re-tested prior to show
- Turkeys require blood testing
Pullorum Testing

- Antigen not available
- Waive all fair testing for pullorum except out of state birds without a VS Form 9-3
- VS Form 9-3 signifies birds are from an NPIP flock which is free of S. pullorum
- Ohio is currently S. pullorum free
Responsibilities of an Exhibition Sponsor

- This is a mandatory rule.
  - The records official shall reject any drug use notification form that is incomplete, illegible or unsigned. At the close of the exhibition the records official shall turn over the drug use notification forms received by him to the sponsor.
Exhibitors

- Encourage exhibitors to have a valid Veterinarian-Client-Patient-Relationship (VCPR)
- Encourage exhibitors to ask questions
- If an animal is sick, the exhibitor should contact their veterinarian, NOT the breeder
- Veterinary Feed Directive (VFD)
901-19-04  Prohibited Practices

- Show any livestock which contains a drug in an amount which exceeds the tolerance level if established or safe level; or, a drug for which the withdrawal period has not elapsed unless administered in accordance with paragraph (A), (B) or (C) of this rule.
Use of Medications

- Check with your fair veterinarian PRIOR to administering medications at the fair

- The approved fair veterinarian should be consulted PRIOR to an outside veterinarian administering medication to an animal

- Fair Board / Barn Superintendent need to know what is going on
Use of Medications

- It is important to know the correct withdrawal times for different medications!!

- Incorrect withdrawal times may have an effect on show and/or slaughter eligibility

- If you have questions, contact ODA and/or your fair veterinarian
Use of Medications

- Some fairs may require the animal to be drug free at the time of weigh in, show or sale

- ***Animals cannot be slaughtered until withdrawal time has elapsed***
Drug Use Notification Forms

- 288 DUNF incomplete or incorrect (from 48 fairs)
  - 2016 – 332 from 60 fairs

- Copy of DUNF sent to records officials and OSUE

- REMEMBER – THESE ANIMALS ARE FOOD!!!!
Drug Use Notification Forms

- 44 fairs submitted all complete/correct DUNF
  - 2017 – 33
  - 13 – only ONE bad form
  - 32 – 10 or less

3/27/2019
DUNF Issues

- No animal ID
- Multiple animals on DUNF
- Incorrect boxes checked (or none at all)
- Incomplete/incorrect treatment chart
- No veterinarian when required
- No signatures
901-19-06  Drug Use Notification

- No person shall submit an incomplete, illegible or unsigned drug use notification form
- If a DUNF is incomplete, the exhibitor shall correct/complete the form prior to:
  - Receiving any prizes or awards for that exhibition
  - Participating in the show or sale for which the DUNF was completed
Drug Use Notification Forms are required ONLY for the following:

- Market Steer
- Market Hog
- Market Lamb
- Veal Calf
- Market Dairy Steer
- Market Goats
- Market Poultry (by pen)
- Lactating Dairy Cattle
- Lactating Dairy Goats
DUNF NOT Required For:

- Feeder cattle not going to slaughter
- Open class animals
  - If submitting to ODA, needs to be noted
- Rabbits
- If required, they should be complete
DRUG USE NOTIFICATION FORM (DUNF)
Sections 1 through 9 must be completed prior to show

EXHIBITION / FAIR NAME: __________________________ 2 DIGIT FAIR CODE ______

1. EXHIBITOR/OWNER NAME ________________________
2. MAILING ADDRESS _______________________________
Street, P.O. Box Number ___________________________
EXHIBITOR PHONE ________________________________
City, State, Zip ________________________________

3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo 
   #, Legband) ________________________________
4. ANIMAL SPECIES (CIRCLE ONE)
   CATTLE  BOOFS  SHEEP  GOATS
   OTHER (Specify) ________________________________

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.)

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A 
   QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A 
   PROGRAM WITHIN MY AGE BRACKET.
   YES ☐ NO ☐

7. ☐ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.
   (IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART)
   __________________________________________________________
   ☐ (THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE 
     WITHDRAWAL PERIOD HAS NOT ELAPSED)
   Complete the treatment chart below ▼

<table>
<thead>
<tr>
<th>TREATMENT DATE</th>
<th>CONDITION BEING TREATED</th>
<th>MEDICATION GIVEN (NAME OF MEDICATION)</th>
<th>AMOUNT (DOSE)</th>
<th>ROUTE (IV, IV, SQ, SC)</th>
<th>INSTRUCTED WITHDRAWAL TIME (# DAYS)</th>
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IF THIS IS AN EXTRA LABEL OR Rx DRUG, A VETERINARIAN MUST HAVE PRESCRIBED THE MEDICATION.
LIST THE LICENSED VETERINARIAN’S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT.

VETERINARIAN NAME __________________________ STREET, P.O. BOX NUMBER __________________________

8. EXHIBITOR/OWNER SIGNATURE __________________________ AGE ______ DATE _____

9. PARENT/GUARDIAN SIGNATURE __________________________ AGE ______ DATE _____
(REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)

DISTRIBUTION by Records Official: WHITE FORM TO REVIEW UPON COLLECTION AND IMMEDIATELY FORWARD TO ODA
AG DRDUNF (REV. 1/11)
YELLOW FORM: TO BE RETAINED BY THE DESIGNATED RECORDS OFFICIAL FOR ONE YEAR
PINK FORM: TO BE GIVEN TO THE OWNER/EXHIBITOR

CHAMPIONS WILL BE REQUIRED TO COMPLETE A NEW DUNF TO BE SUBMITTED WITH URINE/HAIR SAMPLES TO THE TESTING LABORATORY.
DUNF

- Exhibition / Fair Name or 2 digit fair code should be completed
- Animal Identification – REQUIRED
  - Names are not acceptable forms of ID
  - No ID = no way to track animal
- Quality Assurance participation statement
- Other checkboxes
  - Free of medication; or
  - Treated and withdrawal HAS NOT ELAPSED
- Treatment Chart
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband)

4. ANIMAL SPECIES [CIRCLE ONE]
   CATTLE  HOGS  SHEEP  GOATS
   OTHER (Specify)

5. ANIMAL DESCRIPTION
   (BREED, SEX, COLOR, ETC.)
   Boer

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

   YES ☑  NO ☐

7. ☑ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.

   ▲ IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

   ☐ THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

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VETERINARIAN NAME

STREET, P.O. BOX NUMBER  CITY, STATE, ZIP

8. EXHIBITOR/OWNER SIGNATURE __________________________ SIGNED __________________________ AGE: ___ DATE 7/26/15

9. PARENT/GUARDIAN SIGNATURE __________________________ SIGNED __________________________ DATE 7/26/15
3. **ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband)**
   
   O1H14 1234

4. **ANIMAL SPECIES [CIRCLE ONE]**
   
   *CATTLE*  *HOGS*  *SHEEP*  *GOATS*
   
   OTHER (Specify)

5. **ANIMAL DESCRIPTION (Breed, Sex, Color, Etc.)**
   
   Male white

6. **I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.**

   - [ ] YES □
   - [X] NO □

7. **I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.**

   ![Checkmark]

   * IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

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   □ THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

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   VETERINARIAN NAME
   STREET, P.O. BOX NUMBER
   CITY, STATE, ZIP

8. **EXHIBITOR/OWNER SIGNATURE**
   
   [Signature]

   AGE: [ ]

   DATE 8/7/15

9. **PARENT/GUARDIAN SIGNATURE**
   
   (REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)

   [Signature]

   DATE
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband)
   84000000000123

4. ANIMAL SPECIES [CIRCLE ONE]
   [ ] CATTLE [ ] HOGS [ ] SHEEP [ ] GOATS
   [ ] OTHER (Specify)
   Beef Feeder

5. ANIMAL DESCRIPTION
   (BREED, SEX, COLOR, ETC.)
   
6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.
   YES ☑ NO ☐

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<tr>
<td>8/13</td>
<td>Calf Diptheria</td>
<td>Nuflor</td>
<td>10 cc SQ</td>
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<td>5</td>
<td>8/16</td>
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<td>8/11</td>
<td>Calf Diptheria</td>
<td>Penicillin</td>
<td>10 cc SQ</td>
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<td>5</td>
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**Nuflor w/d 38 days!!**

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VETERINARIAN NAME 
STREET, P.O. BOX NUMBER 
CITY, STATE, ZIP

8. EXHIBITOR/OWNER SIGNATURE       Signed
AGE: 20         DATE 8/23/15

9. PARENT/GUARDIAN SIGNATURE
   (REQUIED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)
6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

Yes □ No □

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VETERINARIAN NAME                        STREET, P.O. BOX NUMBER                        CITY, STATE, ZIP

8. EXHIBITOR/OWNER SIGNATURE ▲ Signed ▲ AGE: 17 ▲ DATE 8/15/15

9. PARENT/GUARDIAN SIGNATURE ▲ Signed ▲ DATE 8/15/15

(REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband)
   4260

4. ANIMAL SPECIES [CIRCLE ONE]
   CATTLE  HOGS  SHEEP  GOATS
   OTHER (Specify)
   Suffolk  Hamp cross

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.)

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

   YES □     NO □

7. □ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.
   □

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VETERINARIAN NAME

STREET, P.O. BOX NUMBER

CITY, STATE, ZIP

8. EXHIBITOR/OWNER SIGNATURE

   Signed

   AGE: 10

   DATE 8/24/15

9. PARENT/GUARDIAN SIGNATURE

   (REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)

   Signed

   DATE 8/24/15
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband) 
   473

4. ANIMAL SPECIES [CIRCLE ONE] 
   CATTLE ☐  HOGS ☐  SHEEP ☐  GOATS ☐  OTHER (Specify) 

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.) 
   Gilt Hampshire

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET. 
   YES ☐  NO ☒

7. ☒  I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION. 
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VETERINARIAN NAME __________________________ STREET, P.O. BOX NUMBER ____________ CITY, STATE, ZIP ____________

8. EXHIBITOR/OWNER SIGNATURE __________________________ AGE: 13 ____________ DATE 6/28/15

9. PARENT/GUARDIAN SIGNATURE __________________________ DATE 6/28/15
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband) 592

4. ANIMAL SPECIES [CIRCLE ONE] CATTLE HOGS SHEEP GOATS

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.) Wether Male White

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

YES ☑ NO ☐

7. ☐ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.

△ IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

X THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

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<th>ROUTE (IM, IV, SQ, Oral)</th>
<th>INSTRUCTED WITHDRAWAL TIME (# DAYS)</th>
<th>DATE WITHDRAWAL COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/20-7/21/15</td>
<td>Swollen tame rear leg</td>
<td>Aspirin</td>
<td>325 mg daily</td>
<td>Oral</td>
<td>0</td>
<td>7/27/15</td>
</tr>
</tbody>
</table>

IF THIS IS AN EXTRA LABEL OR Rx DRUG, A VETERINARIAN MUST HAVE PRESCRIBED THE MEDICATION. 
LIST THE LICENSED VETERINARIAN'S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

VETERINARIAN NAME [Listed]

8. EXHIBITOR/OWNER SIGNATURE Signed AGE: 13 DATE 7/27/15

9. PARENT/GUARDIAN SIGNATURE Signed DATE 7/27/15
6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

   YES ☑   NO ☐

7. ☐ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.

   ▲ IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

   ☑ THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

   Complete the treatment chart below ▼

<table>
<thead>
<tr>
<th>TREATMENT DATE</th>
<th>CONDITION BEING TREATED</th>
<th>MEDICATION GIVEN (NAME OF MEDICATION)</th>
<th>AMOUNT (DOSE)</th>
<th>ROUTE (IM, IV, SQ, ORAL)</th>
<th>INSTRUCTED WITHDRAWAL TIME (# DAYS)</th>
<th>DATE WITHDRAWAL COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-22-15</td>
<td>Rectum-flu</td>
<td>Banamine</td>
<td>200 lb</td>
<td>Oral</td>
<td>4</td>
<td>7-26-15</td>
</tr>
</tbody>
</table>

   10 day withdrawal

IF THIS IS AN EXTRA LABEL OR Rx DRUG, A VETERINARIAN MUST HAVE PRESCRIBED THE MEDICATION. LIST THE LICENSED VETERINARIAN’S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

   Yet listed

   VETERINARIAN NAME ___________________________ STREET, P.O. BOX NUMBER ________ CITY, STATE, ZIP ____________

8. EXHIBITOR/OWNER SIGNATURE ___________________________ AGE: 18 DATE 7-24-15

9. PARENT/GUARDIAN SIGNATURE ___________________________ DATE 7-24-15

   (REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)
6. I am a Junior Fair Market Livestock Exhibitor and I have attended or completed a quality assurance program during the last 12 months or I have tested out of a program within my age bracket.

   YES ☑   NO ☐

7. ☑ I certify the above animal to be free of medication.

   ▲ If you have checked this box, sign below and do not complete the treatment chart.

   ☑ The above animal has been treated with a medication for which the withdrawal period has not elapsed.

<table>
<thead>
<tr>
<th>Treatment Date</th>
<th>Condition Being Treated</th>
<th>Medication Given (Name)</th>
<th>Amount (Dose)</th>
<th>Route (IM, IV, SQ, Oral)</th>
<th>Instructed Withdrawal Time (# Days)</th>
<th>Date Withdrawal Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-24-10</td>
<td>Lame</td>
<td>Dexamethasone</td>
<td>4 cc</td>
<td>IM</td>
<td>3</td>
<td>7-27-10</td>
</tr>
</tbody>
</table>

If this is an extra label or Rx drug, list the licensed veterinarian’s name and address who prescribed or directed the treatment:

No Vet Listed

Veterinarian Name

Street, P.O. Box Number

City, State, Zip

8. Exhibitor/Owner Signature  Signed  Age: 8  Date: 7-25-10

9. Parent/Guardian Signature  Signed  Date: 7-25-10
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband)

4. ANIMAL SPECIES [CIRCLE ONE]
   - CATTLE
   - HOGS
   - SHEEP
   - GOATS
   OTHER (Specify)

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.)

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

   YES ☐
   NO ☐

7. ☐ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.

   ▲ IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

   ☐ THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

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<tr>
<th>TREATMENT DATE</th>
<th>CONDITION BEING TREATED</th>
<th>MEDICATION GIVEN (NAME)</th>
<th>AMOUNT (DOSE)</th>
<th>ROUTE (IM, IV, SQ, Oral)</th>
<th>INSTRUCTED WITHDRAWAL TIME (# DAYS)</th>
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</table>

IF THIS IS AN EXTRA LABEL OR Rx DRUG, LIST THE LICENSED VETERINARIAN’S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

VETERINARIAN NAME ____________________________ STREET, P.O. BOX NUMBER _____________ CITY, STATE, ZIP ________

8. EXHIBITOR/OWNER SIGNATURE ____________________________ AGE: 14 ____________________________ DATE 7/10/10

9. PARENT/GUARDIAN SIGNATURE ____________________________ DATE 7/10/10
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband) 260

4. ANIMAL SPECIES (CIRCLE ONE) CATTLE ✗ HOGS SHEEP GOATS OTHER (Specify) 

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.) X Barrow

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

   YES ☑ NO ☐

7. ☑ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.

   ▲ IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

   □ THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

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<tr>
<th>TREATMENT DATE</th>
<th>CONDITION BEING TREATED</th>
<th>MEDICATION GIVEN (NAME)</th>
<th>AMOUNT (DOSE)</th>
<th>ROUTE (IM, IV, SQ, Oral)</th>
<th>INSTRUCTED WITHDRAWAL TIME (# DAYS)</th>
<th>DATE WITHDRAWAL COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>19, 20, 21</td>
<td>Back leg</td>
<td>Dexel Banamine</td>
<td>5/1 cc</td>
<td>IM</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

IF THIS IS AN EXTRA LABEL OR Rx DRUG, LIST THE LICENSED VETERINARIAN’S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

VETERINARIAN NAME  NO VET LISTED
STREET, P.O. BOX NUMBER

8. EXHIBITOR/OWNER SIGNATURE Signed AGE: 10 DATE 7/24/10

9. PARENT/GUARDIAN SIGNATURE Signed DATE 7/24/10
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband) 123

4. ANIMAL SPECIES [CIRCLE ONE] 
   - CATTLE
   - HOGS
   - SHEEP
   - GOATS
   OTHER (Specify)  
   Steer Cross

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.)

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.
   YES ☑️  NO ☐

7. ☐ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.
   ▲ IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

   THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

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<tr>
<th>TREATMENT DATE</th>
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<th>MEDICATION GIVEN (NAME)</th>
<th>AMOUNT (DOSE)</th>
<th>ROUTE (I.M., I.V., SQ, Oral)</th>
<th>INSTRUCTED WITHDRAWAL TIME (# DAYS)</th>
<th>DATE WITHDRAWAL COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-1-10</td>
<td>Resp. Infection</td>
<td>Nancy Smith</td>
<td>200 mg</td>
<td>IM</td>
<td>0</td>
<td>8-1-10</td>
</tr>
</tbody>
</table>

8. EXHIBITOR/OWNER SIGNATURE  Jason Smith  AGE: 16  DATE 8-3-10

9. PARENT/GUARDIAN SIGNATURE  Nancy Smith  DATE 8-3-10

(REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)
3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband)
   543, 542, 541

4. ANIMAL SPECIES [CIRCLE ONE]
   CATTLE  HOGS  SHEEP  GOATS
   OTHER (Specify)

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.)
   2 Barrow 1 Gilt
   Hampshire/Ak-old Blue Butt

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A
   QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A
   PROGRAM WITHIN MY AGE BRACKET.

   YES ☑   NO ☐

7. ☑ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.
   ☐
   IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

☐ THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE
   WITHDRAWAL PERIOD HAS NOT ELAPSED.
"Drenching" means the act of using an instrument, including a bottle, placed in an animal’s mouth to orally administer a liquid, food, or any other substance.
901-19-33

Prohibited Grooming Practices

• Mandatory
• Apply to Junior Market Livestock ONLY

(A) Using any substance to enhance or change the color of the livestock, including the livestock's hide or hooves;

(B) Adding any substance externally to build up, change or alter the shape or conformation of the livestock, including by way of example but not limited to rope, false hair, graphite, hemp, and powders;
901-19-33

Prohibited Grooming Practices

- Mandatory
- Apply to JUNIOR MARKET LIVESTOCK ONLY

(C) Pigmented grooming aides or materials; and
(D) Slick clipping or body shaving of market hogs except on the ears and tails.

Some fairs have opted for NO CLIPPING at all
901-19-38  False, Deceptive or Unacceptable Practices

- Mandatory

(C) Any natural occurrence or surgical process which results in testicular tissue remaining in the body of exhibition livestock except rabbits and poultry.

Educate exhibitors to ask if their animals have been properly castrated when purchased.
901-19-17 Quality Assurance

- Mandatory

- (C) Exhibitors who fail to attend or complete a quality assurance program or fail to pass the exam as outlined in paragraph (B) of this rule may be subject to the disciplinary actions listed in rule 901-19-21 of the Administrative Code.
Ownership Requirements

Chapter 901.73 of the ORC allows the department to establish ownership requirements for livestock exhibitions.
Ownership Requirements

- The fair decides if and how many alternate/family animals may be registered.

- Use of the alternate animal should be clearly stated in the fair book.
Swine Influenza Update

- Signage
- Education
- Hand sanitizers/hand wash stations
- Terminal shows are encouraged
Miscellaneous

- If a problem/question occurs during the fair do not wait to contact anyone!
  - Issues cannot be addressed 6 months later!!
Questions or Comments

- 614-728-6220
- bodie@agri.ohio.gov
- http://codes.ohio.gov/oac/901-19