DRUG USE FORM (DUF)

Form for Food Animals Attending Fairs in the State of New Jersey

(This form is to accompany animal to the fair and to its final destination)

PRINT CLEARLY

EXHIBITOR/OWNER NAME: _____

EXHIBITOR/OWNER ADDRESS: _____

EXHIBITOR PHONE: _____

Animal Identification Number:	**Animal Species** (Circle One) CATTLE HOGS GOATS SHEEP POULTRY OTHER (Specify) _____	**Animal Description** (Breed, Sex, Color, etc) _____

☐ **I CERTIFY THAT THE ABOVE ANIMAL IS FREE OF MEDICATION, WHICH MEANS:**

1. **The animal has not been treated with drugs; or**
2. **Does not contain a drug for which the withdrawal period has not yet elapsed per label directions.**

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

☐ **I CERTIFY THAT THE ABOVE ANIMAL HAS BEEN MEDICATED, AND THE DRUGS USED FOR WHICH THE WITHDRAWAL PERIOD HAS NOT YET ELAPSED IS LISTED BELOW:**

TREATMENT GIVEN

TREATMENT DATE	Condition being treated	Medication Given (Name)	Amount (Dose)	Route	Instructed Withdrawal Milk/Meat	DATE WITHDRAWAL COMPLETE

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, or P.O. Box Number City, State Zip

EXHIBITOR/OWNER SIGNATURE:_____**AGE:**_____**DATE:**_____

PARENT/GUARDIAN SIGNATURE (If above is under 18 years of age) _____**DATE:**_____