

SAMPLE

DRUG USE NOTIFICATION FORM (DUNF)

Sections 1 through 9 must be completed prior to show

EXHIBITION / FAIR NAME: Belmont County Fair

2 DIGIT FAIR CODE 80

PRINT CLEARLY

1. EXHIBITOR/OWNER NAME Chris Clover

2. MAILING ADDRESS 101 Clover Road
Street, P.O. Box Number

Cloverville, OH 55555
City, State, Zip

EXHIBITOR
PHONE (444) 444-4444

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

Ear Tag #651
840#- 840003010608087

4. ANIMAL SPECIES [CIRCLE ONE]

CATTLE HOGS SHEEP GOATS

OTHER (Specify)

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

Hampshire, Barrow, Black with White Belt

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 ▼

TREATMENT DATE	CONDITION BEING TREATED	TREATMENT GIVEN				DATE WITHDRAWAL COMPLETE
		MEDICATION GIVEN (NAME OF MEDICATION)	AMOUNT (DOSE)	ROUTE (IM, IV, SQ, Oral)	INSTRUCTED WITHDRAWAL TIME (# DAYS)	

* If your animal has been medicated and the withdrawal time is not complete, you MUST check the appropriate box and complete ALL treatment record boxes. Include veterinarian information, if needed.

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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 _____ CITY, STATE, ZIP _____

8. EXHIBITOR/OWNER SIGNATURE Chris Clover AGE: 14 DATE 9-6-15

9. PARENT/GUARDIAN SIGNATURE John Clover DATE 9-6-15
(REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)

DISTRIBUTION by Records Official:
AGR DUNF (REV. 1/11)

WHITE FORM: REVIEW UPON COLLECTION AND IMMEDIATELY FORWARD TO ODA
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