



MISSOURI STATE FAIR
DRUG USE NOTIFICATION (DUNF)

SECTIONS 1 THROUGH 9 MUST BE COMPLETED PRIOR TO SHOW (TO BE TURNED IN AT HEALTH CHECK-IN). PRINT CLEARLY.

1. EXHIBITOR/OWNER NAME	2. MAILING ADDRESS (STREET, P.O. BOX NUMBER, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
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3. ANIMAL IDENTIFICATION NUMBER (TAG, TATTOO NUMBER, LEG BAND)

4. ANIMAL SPECIES (CHECK)
 CATTLE HOGS SHEEP GOATS POULTRY RABBIT 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 NAMED 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 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 CODE	TELEPHONE NUMBER
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8. EXHIBITOR/OWNER SIGNATURE	AGE	DATE
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9. PARENT/GUARDIAN SIGNATURE (REQUIRED IF THE EXHIBITOR IS UNDER 18 YEARS OF AGE)	DATE
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CHAMPIONS WILL BE REQUIRED TO COMPLETE A NEW DUNF TO BE SUBMITTED WITH URINE/HAIR SAMPLES TO THE TESTING LABORATORY.