



MISSOURI STATE FAIR

DRUG USE NOTIFICATION (DUNF)**SECTIONS 1 THROUGH 9 MUST BE COMPLETED PRIOR TO WEIGH-IN (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)	3. TELEPHONE NUMBER
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4. ANIMAL SPECIES (CHECK)
☐ CATTLE ☐ HOGS ☐ SHEEP ☐ GOATS ☐ POULTRY ☐ RABBIT ☐ OTHER (SPECIFY)

5. 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

6. ANIMAL IDENTIFICATION NUMBER (TAG, TATTOO NUMBER, LEG BAND) (THESE ANIMAL(S) HAVE NOT RECEIVED MEDICATION AFTER 6/1 OF THE CURRENT YEAR.)

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

THE FOLLOWING ANIMAL(S) HAS BEEN TREATED WITH A MEDICATION AFTER 6/1 OF THE CURRENT YEAR. COMPLETE THE TREATMENT CHART BELOW.

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

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 ***(WITHDRAWAL TIME MUST BE MET THE DAY OF THE SHOW. IF NOT IT WILL LEAD TO DISQUALIFICATION.)**

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.