

DRUG USE NOTIFICATION FORM (DUNF)

Sections 1 through 9 must be completed prior to show

EXHIBITION / FAIR NAME: _____ **2 DIGIT FAIR CODE** _____

PRINT CLEARLY

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 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.

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 R_x 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 _____ AGE: _____ DATE _____

9. PARENT/GUARDIAN SIGNATURE **Parent will Sign Here** _____ DATE **And Here** _____
(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