

**DRUG USE FORM (DUF)**

**Form for Food Animals Attending Fairs in the State of New Jersey (3/07)**

*(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:** \_\_\_\_\_