

Exhibitor

<u>Sheboygan County Meat Animal S</u>ale P.O. Box 115 • Plymouth. WI 53073

MARKET ANIMAL DRUG HISTORY- SHEEP

Names	8			
Ear Ta	ag Numbers			
	Product Administered	Date		
				
other substances with County Meat Animal S veterinarian and agree veterinarian, and agree be final. Tissue, urine,	out following current withdrawal proc ale, every consignor must agree to s s to have such animal submitted to a	edures. As a condition for probable and animal entered lany tests as may be design ne veterinarian as to whethes evaluations that yield a p	by consignor to inspection by a ated or requested by the er such animal is unethically fitted to positive answer to tampering or an	
Signature of Exhibito	r _1.	2.		
Signature of Exhibito	r <u>3.</u>	4.		
Signature of Parent/Guardian			Date	
	Continuous Country of O	rigin Affidavit/Declar	ation	
normal business record specific to the transaction	ed by USDA as an official record of C s, or producer affidavit(s) that all live on and transferred are of Unites Sta described above, I agree to notify th	stock referenced by this dottes of America origin. Sho	ocument or other communications buld the origin of my livestock	
This affidavit/declaration	n shall remain in effect until revoked Sales Association.	in writing by the undersign	ed and is delivered to Equity	
			(
Date	Signature	Phone Number		
Name (please print)			E-GULLY	
Address				
City, State, Zip			Office Use Only PN: Market Location:	
 Parent/Guardian Signat	ure	Web	Warket Location.	