

DRUG USE NOTIFICATION FORM (DUNF)

Sections 1 through 9 must be completed prior to show

EXHIBITION / FAIR NAME: NOBIF **2 DIGIT FAIR CODE:** 65

PRINT CLEARLY

1. EXHIBITOR/OWNER NAME _____

2. MAILING ADDRESS _____

Street, P.O. Box Number

City, State, Zip

**EXHIBITOR
PHONE** (____) _____

**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				INSTRUCTED WITHDRAWAL TIME (# DAYS)	DATE WITHDRAWAL COMPLETE
		MEDICATION GIVEN (NAME OF MEDICATION)	AMOUNT (DOSE)	ROUTE (IM, IV, SQ, Oral)			
✓	✓	✓	✓	✓	✓	✓	
						Cancel	

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 _____ **DATE** _____
(REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)

DISTRIBUTION by Records Official: **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

CHAMPIONS WILL BE REQUIRED TO COMPLETE A NEW DUNF TO BE SUBMITTED WITH URINE/HAIR SAMPLES TO THE TESTING LABORATORY

ONLY
X
ONE
BOX