

**SAN MATEO COUNTY FAIR  
CERTIFICATE OF ANIMAL MEDICATION**

Exhibitor Name: \_\_\_\_\_

Animal Species: (circle one) Beef Sheep Swine Meat Goat Rabbit

Animal Identification # (ear tag): \_\_\_\_\_

(Initial all boxes that apply)

I certify the above-named animal has not been treated with prescription drugs and/or over the counter drugs.

I certify the above-named animal has been treated with prescription drugs and/or over the counter drugs for which the withdrawal period has been completed.

Medication dispensed: \_\_\_\_\_ Dose Given \_\_\_\_\_

Dates of treatment: \_\_\_\_\_ Labeled withdrawal time: \_\_\_\_\_

**If the above animal was treated by a veterinarian or prescribed medication by a veterinarian, complete the following information.**

Condition being treated for: \_\_\_\_\_ Medication Dispensed: \_\_\_\_\_

Dose Given: \_\_\_\_\_ Dates of treatment: \_\_\_\_\_ Instructed withdrawal time: \_\_\_\_\_

Name of licensed veterinarian providing care: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Under Penalty of Perjury, we the undersigned certify that:**

1. The signature of this form signifies compliance with all manufacturer and veterinarian pharmaceutical, biologic and chemical instructions and withdrawal requirements, and that all off-label treatments to market animals have been administered lawfully in accordance with a prescription from a California-licensed veterinarian whose statement notes dosage, date and purpose for administration.
2. ALL withdrawal times for any medications have been carefully followed and the animal is free from medication, medicated feed, fungicide or pesticides.
3. This form covers from the date of ownership to the LAST day of the 2026 San Mateo County Fair.

**As the Exhibitor/Owner of this Market Animal, I acknowledge that I am responsible for my animal if it is rejected at the processing center due to the presence of drug residues. If drug residue is detected in my animal, we may be liable to the buyer(s) of the animal for an amount equal to THREE TIMES the purchase price and may also be liable for the attorney's fees and civil penalties (Food and Agriculture code Section 14363).**

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

**BRING THIS COMPLETED FORM TO THE LIVESTOCK SUPERVISOR AT ANIMAL CHECK IN  
THURSDAY JUNE 4-FRIDAY JUNE 5, 2026**