

# 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

\_\_\_\_\_

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.

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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 Rx 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:  
AGR DUNF (REV. 1/10)

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