

★ = Must be completed before Check-in ★

DRUG USE NOTIFICATION FORM (DUNF)

Sections 1 through 9 must be completed prior to show

★ EXHIBITION / FAIR NAME: Athens County Fair ★ 2 DIGIT FAIR CODE 42

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

only check one → 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. *If this box is checked, complete the chart below

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 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: AGR DUNF (REV. 1/11) 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