

DRUG USE NOTIFICATION FORM (DUNF)

Official form of the Ohio Department of Agriculture (AGR DUNF (Rev.1/00))

NAME OF EXHIBITION: 67 2 DIGIT FAIR CODE IF APPLICABLE

PRINT CLEARLY

EXHIBITOR/OWNER NAME

JOHN DOE JR.

EXHIBITOR/OWNER ADDRESS

1111 MAIN ST.

Street, P.O. Box Number

Anywhere, USA 01036

City, State, Zip

EXHIBITOR

PHONE (555) 555-5555

ANIMAL IDENTIFICATION NUMBER <u>55</u>

ANIMAL SPECIES [CIRCLE ONE] CATTLE <u>HOGS</u> SHEEP GOATS OTHER (Specify) _____
--

ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.) <u>HAMP-GILT</u>
--

I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS. YES NO

THIS PROGRAM WAS PORK QUALITY ASSURANCE LEVEL III (YOUTH) YES NO

I CERTIFY THAT THE ABOVE ANIMAL TO BE FREE OF MEDICATION, WHICH MEANS:

1. THE ANIMAL HAS NOT BEEN TREATED WITH DRUGS; OR
2. DOES NOT CONTAIN A DRUG FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED PER LABEL DIRECTIONS.

IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

THE ABOVE ANIMAL HAS BEEN MEDICATED, COMPLETE THE TREATMENT RECORD LISTING DRUGS FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

TREATMENT DATE	CONDITION BEING TREATED	TREATMENT GIVEN				DATE WITHDRAWAL COMPLETE
		MEDICATION GIVEN (NAME)	AMOUNT (DOSE)	ROUTE	INSTRUCTED WITHDRAWAL MILK/MEAT	

IF THIS IS AN EXTRA LABEL OR Rx DRUG, LIST THE LICENSED VETERINARIAN'S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

VETERINARIAN NAME _____ STREET, P.O. BOX NUMBER _____ CITY, STATE, ZIP _____

EXHIBITOR/OWNER SIGNATURE John Doe Jr. AGE: 14 DATE 4/22/08

PARENT/GUARDIAN SIGNATURE (IF ABOVE IS UNDER 18 YEARS OF AGE) Mrs. John Doe Sr. DATE 4/22/08

DISTRIBUTION by Records Official: WHITE FORMS SHOULD BE FORWARDED TO ODA FOR REVIEW
AGR DUNF (REV.1/00) YELLOW FORMS SHOULD BE RETAINED BY THE DESIGNATED RECORDS OFFICIAL
PINK COPY SHOULD 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.