

## Individual Lamb Drug History Records

Lamb Producer Name: \_\_\_\_\_

Producer Address: \_\_\_\_\_

| Date | Animal of Pen ID | Gender | Product Name | Amount of Drug Given | Route <sup>1</sup> | Remarks/Initials of Who Administered | Preslaughter Withdrawal (Days) | Date Withdrawal Completed | Date and Treatment Results <sup>2</sup> |
|------|------------------|--------|--------------|----------------------|--------------------|--------------------------------------|--------------------------------|---------------------------|---|
|      |                  |        |              |                      |                    |                                      |                                |                           |   |
|      |                  |        |              |                      |                    |                                      |                                |                           |   |
|      |                  |        |              |                      |                    |                                      |                                |                           |   |
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|      |                  |        |              |                      |                    |                                      |                                |                           |   |
|      |                  |        |              |                      |                    |                                      |                                |                           |   |

<sup>1</sup>IM, SQ, IN, Water, Topical

<sup>2</sup>Sold, Recovered, Died

**I hereby certify that this animal has not received or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or substances without following current withdrawal procedures.**

\_\_\_\_\_  
Exhibitor Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Keep one copy for your records

Submit one copy at time of fair weigh-in