

Shelby County Junior Fair - Equine Department
Maintenance Medication Record (Due at Fair Check-in)

Exhibitor Name: _____ Exhibitor #: _____

Club: _____ Horse's Name: _____

Horse Description (breed, sex, color): _____

_____ I hereby certify the above animal to be free of any medication, including over-the-counter or veterinarian-prescribed. If something happens and my animal requires medication at any point during the Shelby County Fair, July 21-27, 2019, I will notify the Junior Fair Board immediately and file an addendum to my animal's Maintenance Medication Record.

_____ I hereby certify that the above animal is currently being treated with a medication that is legal according to the Ohio 4-H Uniform Horse Rules. The medication is being administered on-label and, if a prescription medication, with the approval and guidance of a licensed veterinarian. ALL medications currently being given to my animal are included in the treatment chart below.

Date treatment began	Condition being treated	Medication being given	Amount	Route (IM, IV, SQ, Oral)	Veterinarian who prescribed treatment*

****Mark N/A if treatment is an over-the-counter and legal to be provided at the discretion of the caretaker. If the medication is a prescription medication, please attach a copy of the prescription or veterinarian treatment/medical record.***

If it is found that form has been falsified in any way, the Shelby County Junior Fair Board retains the right to disqualify an exhibitor on the grounds of violating the 4-H Code of Conduct.

I certify that the above information pertaining to my animal is correct.

Exhibitor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____