DRUG USE FORM (DUF) Form for Food Animals Attending Fairs in the State of New Jersey (This form is to accompany animal to the fair and to its final destination)

RINT CLEARLY XHIBITOR/OV						
XHIBITOR/OV	VNER ADDRE	SS:				
EXHIBITOR PHONE: Animal Identification Number:		Animal Species (Circle One) CATTLE HOGS GOATS SHEEP POULTRY OTHER (Specify)			Animal Description (Breed, Sex, Color, etc)	
1. The state of th	animal has not l not contain a d tions. YOU HAVE (TREATMENT THAT THE A WHICH THE	BOVE ANIMAL IS been treated with o rug for which the CHECKED THIS I CHART. BOVE ANIMAL I WITHDRAWAL	drugs; or withdrawal p BOX, SIGN F HAS BEEN N	eriod has not BELOW ANI IEDICATED	t yet elapsed per DO NOT CON , AND THE DF	r label MPLETE RUGS USED
BEL	OW:		TREATM	ENT GIVEN		1
FREATMENT DATE	Condition being treated	Medication Given (Name)	Amount (Dose)	Route	Instructed Withdrawal Milk/Meat	DATE WITHDRAWAL COMPLETE
		BEL OR Rx DRUG ESCRIBED OR DIR				NAME AND
Veterinarian Name	2	Street, or P	.O. Box Number	City	, State	e Zip
					ACE	
EXHIBITOR	OWNER SIGNA	ATURE:			AGE:	DATE: