WYOMING STATE FAIR QUALITY ASSURANCE CERTIFICATE

The Wyoming State Fair (WSF) endorses and supports the USDA Wholesome Meat Act and related federal regulations. Exhibitors of all market animals must certify their compliance with the manufacturer's pre-market withdrawal periods specified for any and all medications, drugs, chemical substances, or feed additives administered to animals to be exhibited. The use of non-approved or improper use of approved medications, drugs, chemical substances, or feed additives is strictly prohibited. Similarly, unethical fitting, tampering with or sabotage of animals is strictly prohibited.

CERTIFICATION AND STATEMENT OF DISCLOSURE

This certifies that the exhibitor/family agrees to abide by the rules of competition in the Wyoming State Fair Premium Book and to comply with the proper labeled use of medications, drugs, chemical substances, and feed additives as required under the USDA Wholesome Meat Act, and the quality assurance requirements of the WSF. The exhibitor/family agrees that non-compliance can result in civil and/or criminal liability.

The exhibitor/family agrees not to engage in unethical fitting practices, tampering, or sabotage and to use proper animal husbandry techniques and practices to become a better steward of their project(s). The exhibitor is responsible for:

- \checkmark The proper care and treatment of his or her animals.
- \checkmark The production of wholesome foods.
- ✓ The development of sound moral character in himself or herself and others.

The exhibitor/family agrees that any medication, drug, chemical substance, or feed additive administered to any market animal on the Wyoming State Fairgrounds will be administered by or under the direct supervision of a licensed veterinarian. The exhibitor/family understands that any medication that has not met the required withdrawal time may result in disqualification from the Wyoming State Fair.

The exhibitor/family acknowledges that the WSF reserves the right to examine, inspect, and test any market animal for medications, drugs, chemical substances, feed additives, and injections of any nature and to take any action deemed appropriate, including forfeiture of awards, if testing results show any positive residues exceeding FDA, EPA, or USDA established tolerance for any foreign substance including medications, drugs, pesticides, feed additives or chemicals.

We, the undersigned, further certify that the market animal listed below has not been administered any nonapproved medication, drug, chemical substance, or feed additive and that we have adhered to the withdrawal time required for all approved drugs or medications.

Owner/Exhibitor Signature

Parent or Guardian (If exhibitor is under 18 yrs. of age)

Date: _____

Exhibitor Name: (print) ______ Circle Species: BEEF SHEEP SWINE GOATS ANIMAL ID & TAG#: ______

Complete history of ALL approved medication, drug, chemical substance, or feed additive administered to animal(s) after the ownership deadlines.

DATE	TREATMENT	AMOUNT	EXHIBITOR'S INITIALS

One form required per market animal.

PLEASE BRING THIS FORM TO THE EXHIBITOR OFFICE BY 5 PM ON TUESDAY, OPENING DAY OF FAIR.