

2023 WYOMING STATE FAIR QUALITY ASSURANCE CERTIFICATE

ONE FORM FOR EACH MARKET ANIMAL

The Wyoming State Fair (WSF) endorses and supports the USDA Wholesome Meat Act and related federal regulations. Exhibitors of all market animals must disclose and certify all medications, drugs, chemical substances, or feed additives administered to the animal to be exhibited have been done so within the guidelines set forth by the manufactures label. 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:

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

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.

WSF DRUG DECLARATION FORM

Exhibitor Name _____

Circle Species: BEEF SHEEP SWINE GOATS

Animal Tag # _____ Animal Name _____

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

DATE	TREATMENT	AMOUNT

**ONE FORM PER MARKET ANIMAL
PLEASE BRING THIS FORM TO THE EXHIBITOR OFFICE BY NOON ON 8/15/2023**

We, the undersigned, further certify that the market animal listed above has not received any non-approved 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	Date	Print Name Owner/Exhibitor
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Parent or Guardian Signature (If exhibitor is under 18 yrs. of age)	Date	Print Name Parent or Guardian
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