Polk County Youth Fair, Inc.
Street Address - 1702 Highway 17 South, Bartow, FL 33830
Mailing Address - P O Box 9005, Drawer HS03, Bartow, FL 33831-9005
Telephone - (863) 519-1046
web: pcyf.net

DRUG CERTIFICATION FOR MARKET ANIMALS

It is the sole responsibility of the exhibitor to ensure that the animal is free of prohibited drugs and substances. Extent of knowledge on the part of the exhibitor and their parent/guardian, with regard to drugs of substances found in an animal, is not relevant to any issue and it shall not be a defense that a third party or unknown person introduced the prohibited substance into the animal. Exhibitors and parent/guardian shall have sole responsibility for providing security for exhibitor's animal(s) to prevent such occurrences.

( ) I certify that all drugs and feed additives received by my market animal, Youth Fair Ear Tag #_____, have been used in conformity with the feed or drug manufacturer's dosage directions, withdrawal time, and Polk County Youth Fair regulations. Further all items have been listed below:

Please list all drugs, if any, in the space below that your animal has received while in your care. Include dosage and date administered.

Date	Name of Medication/Dewormer	Dosage

( ) I certify that my market animal, Youth Fair Ear Tag #_____, has not received any drugs or feed additives.

This form is to be turned in at check-in January and notarized. Failure to do so will result in disqualification of your market animal.

(REMAINDER OF PAGE INTENTIONALLY BLANK, SIGNATURES TO FOLLOW)

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Date:_____

Exhibitor's Signature _____

Print Name _____

Date:_____

Parent/Guardian's Signature _____

Print Name _____

Notary:

State of FLORIDA

County of POLK

Sworn to (or affirmed) and subscribed before me by means of ___physical presence or ___online notarization, this _____day of _____, 20__by _____, who ___is personally known to me or ___produced a _____as identification, to whose signature this notarization applies.

_____

notary public signature

_____

notary public printed name

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VEHICLE DISINFECTION CERTIFICATE FOR MARKET ANIMALS

I hereby certify that the (truck) (trailer) bearing Florida License No._____ has been properly cleaned and disinfected under the existing rules of the Florida Department of Agriculture and Consumer Services and the Polk County Youth Fair, Inc.

DATE OF DISINFECTION_____/_____/_____(Month, Day, Year)

EXHIBITOR SIGNATURE_____

PARENT/ GUARDIAN SIGNATURE_____

ADDRESS_____

_____

This form is to be turned in at time of check-in January.