Sheboygan County Meat Animal Sale

P.O. Box 115 • Plymouth, WI 53073 • (920) 459-5900

MARKET ANIMAL DRUG HISTORY

☐ Swine

☐ Sheep

☐ Beef

Exhibitor Name_____

Ear Tag Numbers_____

Product Administered	Date
_____	_____
_____	_____
_____	_____

I hereby certify that this animal has not received, or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics or other substances without following current withdrawal procedures. As a condition for participation in the Sheboygan County Meat Animal Sale, every consignor must agree to submit any animal entered by consignor to inspection by a veterinarian and agrees to have such animal submitted to any tests as may be designated or requested by the veterinarian, and agrees that the conclusions reached by the veterinarian as to whether such animal is unethically fitted to be final. Tissue, urine, hair and/or blood samples or carcass evaluations that yield a positive answer to tampering or an unethical practice will be sufficient evidence to remove the rights and privileges of exhibitor(s) and auction proceeds.

Signature of Exhibitor _____ Date _____

Signature of Parent/Guardian_____

Continuous Country of Origin Affidavit/Declaration

As an affidavit is deemed by USDA as an official record of Country of Origin, I attest through first-hand knowledge, normal business records, or producer affidavit(s) that all livestock referenced by this document or other communications specific to the transaction and transferred are of **Unites States of America** origin. Should the origin of my livestock become other than that described above, I agree to notify the buyer/agent when this occurs.

This affidavit/declaration shall remain in effect until revoked in writing by the undersigned and is delivered to Equity Cooperative Livestock Sales Association.

_____ _____ (____)_____

Date Signature Phone Number

_____

Name (please print)

_____

Address

_____

City, State, Zip

_____ Web

Parent/Guardian Signature

Office Use Only
PN: _____
Market Location: _____