

**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)*

PRINT CLEARLY

**EXHIBITOR/OWNER NAME:** \_\_\_\_\_

**EXHIBITOR/OWNER ADDRESS:** \_\_\_\_\_

**EXHIBITOR PHONE:** \_\_\_\_\_

<b>Animal Identification Number:</b> _____	<b>Animal Species</b> (Circle One) CATTLE HOGS GOATS SHEEP POULTRY OTHER (Specify) _____	<b>Animal Description</b> (Breed, Sex, Color, etc) _____
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**I CERTIFY THAT THE ABOVE ANIMAL IS FREE OF MEDICATION, WHICH MEANS:**  
 1. The animal has not been treated with drugs; or  
 2. Does not contain a drug for which the withdrawal period has not yet elapsed per label directions.

➤ **IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.**

**I CERTIFY THAT THE ABOVE ANIMAL HAS BEEN MEDICATED, AND THE DRUGS USED FOR WHICH THE WITHDRAWAL PERIOD HAS NOT YET ELAPSED IS LISTED BELOW:**

TREATMENT GIVEN						
TREATMENT DATE	Condition being treated	Medication Given (Name)	Amount (Dose)	Route	Instructed Withdrawal Milk/Meat	DATE WITHDRAWAL COMPLETE

**IF THIS IS AN EXTRA-LABEL OR Rx DRUG, LIST THE LICENSED VETERINARIAN'S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:**

\_\_\_\_\_  
 Veterinarian Name Street, or P.O. Box Number City, State Zip

**EXHIBITOR/OWNER SIGNATURE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (If above is under 18 years of age) \_\_\_\_\_ **DATE:** \_\_\_\_\_