

# WISCONSIN STATE FAIR

Date: \_\_\_\_\_

Presented By  U.S. Cellular

## Animal Wellness

This document must be submitted to the official on site Wisconsin State Fair Veterinarian before an animal receives treatment at Wisconsin State Fair.

Wisconsin State Fair Contact Info: 414.266.7052 (office) – Fax: 414.266.7057 or [entryoffice@wistatefair.com](mailto:entryoffice@wistatefair.com)

Exhibitor Name: \_\_\_\_\_ Contact number while at Fair: \_\_\_\_\_

Stalling/Barn Location: \_\_\_\_\_ Circle: Junior Open

Species (circle): Beef Dairy Goats Horses Miniature Donkey, Donkey, Mule

Poultry Rabbit Sheep Swine

Animal Gender: Female Intact Male Castrated (ie..gelding, steer, wether, barrow)

Animal Identification and pertinent information (Ear tag, Registration Number, etc.):

\_\_\_\_\_

Reason/Diagnosis for treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*This section must be completed by ALL exhibitors wishing to medicate his or her animal at the Fair.\*\***

Treatment (Product Name) to be administered: \_\_\_\_\_

Method of administration: (circle) Subcutaneous Intramuscular Oral Intravenous Topical

Labeled Product Dosage per treatment: \_\_\_\_\_

Treatment Frequency: \_\_\_\_\_

I agree to administer and follow the above stated treatment plan. All treatments will occur in the approved Wisconsin State Fair designated treatment areas. I understand failure to follow this plan may result in disqualification, forfeiture of awards/premiums and/or loss of future Wisconsin State Fair participation.

Exhibitor/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*For prescription treatments only, please have prescribing veterinarian complete this section PRIOR to the Fair.\*\***

**Prescribing Veterinarian:** (Print Name) \_\_\_\_\_ Clinic or Affiliation: \_\_\_\_\_

Contact information of prescribing veterinarian if on site Wisconsin State Fair Veterinarian needs any additional information on the prescribed treatment plan: Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have prescribed the above noted treatment plan and believe it is appropriate for an animal entering a competition. I do not believe this treatment plan provides any performance enhancement benefits if administered as noted.

**Prescribing Veterinarian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_