DRUG USE NOTIFICATION FORM (DUNF)

Sections 1 through 9 must be completed prior to show

EXHIBITION / FAIR NAME: ________________________  2 DIGIT FAIR CODE ____

1. EXHIBITOR/OWNER NAME _____________________________________________

2. MAILING ADDRESS
   Street, P.O. Box Number
   City, State, Zip

3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband) ________________

4. ANIMAL SPECIES  [CIRCLE ONE]
   CATTLE    HOGS    SHEEP    GOATS
   OTHER (Specify) ________________

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.) ________________________

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A
   QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A
   PROGRAM WITHIN MY AGE BRACKET.

   YES □      NO □

7. □ I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.
   ▲ THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE
   WITHDRAWAL PERIOD HAS NOT ELAPSED.

   Complete the treatment chart below ▼

<table>
<thead>
<tr>
<th>TREATMENT DATE</th>
<th>CONDITION BEING TREATED</th>
<th>MEDICATION GIVEN (NAME OF MEDICATION)</th>
<th>AMOUNT (DOSE)</th>
<th>ROUTE (IM, IV, SQ, Oral)</th>
<th>INSTRUCTED WITHDRAWAL TIME (# DAYS)</th>
<th>DATE WITHDRAWAL COMPLETE</th>
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   IF THIS IS AN EXTRA LABEL OR Rx DRUG, A VETERINARIAN MUST HAVE PRESCRIBED THE MEDICATION.
   LIST THE LICENSED VETERINARIAN’S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

   VETERINARIAN NAME _____________________________________________
   STREET, P.O. BOX NUMBER _______________________________________
   CITY, STATE, ZIP _______________________________________________

8. EXHIBITOR/OWNER SIGNATURE __________________________________________
   AGE: ______ DATE: ______

9. PARENT/GUARDIAN SIGNATURE __________________________________________
   (REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)
   AGE: ______ DATE: ______

DISTRIBUTION by Records Official:
AGR DUNF (REV. 1/11)
WHITE FORM: REVIEW UPON COLLECTION AND IMMEDIATELY FORWARD TO ODA
YELLOW FORM: TO BE RETAINED BY THE DESIGNATED RECORDS OFFICIAL FOR ONE YEAR
PINK FORM: TO BE GIVEN TO THE OWNER/EXHIBITOR

CHAMPIONS WILL BE REQUIRED TO COMPLETE A NEW DUNF TO BE SUBMITTED WITH URINE/HAIR SAMPLES TO THE TESTING LABORATORY.