

Exhibitor Name _____

Ear Tag# _____

12th DISTRICT AGRICULTURAL ASSOCIATION- REDWOOD EMPIRE FAIR
DRUG RESIDUE POLICY
HOLD HARMLESS/RELEASE AGREEMENT

Please read carefully and sign. One form must be completed for each animal to be weighed.
(Livestock will not be weighed if not signed and turned in.)

In consideration of the 12th District Agricultural Association, hereinafter called the "Association", allowing
-----* hereinafter referred to as "owner", to participate in the Association's Junior
Livestock Auction and sell owner's animal(s), it is agreed that:

1. DRUG STATEMENT

a) Owner acknowledges that Federal Food, Drug and Cosmetic Act prohibits the introduction or delivery into interstate commerce of any food that is adulterated or misbranded. Adulteration is defined in 21 USC Section 351 and includes any poisonous or deleterious substances, as well new animal drugs defined as unsafe within the meaning of Section 21 USC Section 360b.

b) Owner is responsible for animals who are rejected at processing center due to the presence of drug residues. c)

Owner shall advise management of any drugs and medications administered to an animal that might still be detected at the time of showing or at meat inspection. The name of the drug, its purpose, withdraw] time, route, time and date of administration shall be presented to management prior to the showing or sale of the animal. *Livestock treated within the specified withdraw/ period cannot be sold without notifying the buyer.*

d) Owner is responsible for any fees that arise from the processor caring for animal while waiting the specified time to process after the use of the drugs. If the processor refuses care of the animal, for the time specified for the drug used, the owner must care for the animal and make the appropriate arrangements with the buyer and the processor.

2. INDEMNITY

The owner agrees, for him/herself and his/her heirs, executors, administrators, or assigns to indemnify and hold harmless, the Association, its directors, officers, agents, employees, successors or assigns, the County of Mendocino and the State of California, their respective officers, agents, and employees from any and all losses, claims, actions, or proceedings of any kind which may be initiated by purchasers, handlers or consumers of owner's animal(s) and/or any other person or organization; including reimbursement for all legal costs and attorney fees incurred by the indemnified parties or any of them, for defense of any such actions which may hereafter impact directly or indirectly from the sale, handling, and human consumption of owner's animal(s).

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENT AND SIGN IT OF MY OWN FREE WILL.

SIGNATURE _____ SPECIE OF ANIMAL _____
(Owner/Exhibitor)

SIGNATURE _____ DATED ____/____/____
(Parent or Legal Guardian)

1055 N. State St. - UKIAH, CA 95482 - (707) 462-3884 - FAX (707) 462-2641

(MARKET LAMB & MARKET GOAT EXHIBITORS MUST ALSO
COMPLETE THE BACK SIDE OF THIS FORM)

12th District Agricultural Association
Redwood Empire Fair

SCRAPIE INDEMNITY STATEMENT

Please read carefully and sign.

In consideration of the 12th District Agricultural Association, hereinafter called the "Association", allowing _____, hereinafter referred to as the "owner", to participate in the Association's Junior Livestock Auction and sell owner's animal(s), it is agreed that:

The owner warrants that the livestock has been in a flock in which scrapie has never been diagnosed. The owner shall indemnify the Association and the buyer of the livestock from all loss, expenses, damages, costs and attorney fees that the Association and the Buyer may incur by reason of an action against the Association or the Buyer arising from livestock which the owner has herein warranted to the Association and the Buyer.

Lamb & Goat: Certify animals "born and raised" in the United States (Please initial) _____

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENT AND SIGN IT OF MY OWN FREE WILL.

DATED _____ SIGNATURE _____
(Owner)

DATED _____ SIGNATURE _____
(Parent or Guardian)

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Certificate of Animal Medication

List all medication administered to the animal listed above:

Medication	Withdrawal time	Date administered	Prescribed by Veterinarian Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OR: No medications were administered to the above animal _____

Signature

Under penalty of perjury, we the undersigned certify that the above record of medications is correct and the no unauthorized chemicals have been used which would cause the carcass to fail USDA and Food & Drug Administration Standards

4H/FFA/Grange member Date

Parent/Legal Guardian Date

COMMENTS:

