

MEDICAL DISCLOSURE INFORMATION

| Animal Id. Ear Tag# | Name of Drug | Date Administered | How Administered | Purpose | Withdrawal Date |
|------------------------|-----------------|----------------------|---------------------|---------|--------------------|
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If administered by a Vet.

Signature Date

ANTELOPE VALLEY FAIR & ALFALFA FESTIVAL LIVESTOCK TRANSPORTATION PERMIT

Name _____ Date _____

Address _____

Loading Point _____ Destination Point _____

Transported by _____ Vehicle Lic. # _____

| ID # | SEX | BREED | BRAND | ID MARKS |
|------|-----|-------|-------|----------|
|------|-----|-------|-------|----------|

This permit to be used when transporting livestock to or from a livestock fair or exhibit per Section 21054 of the Food and Agriculture Code. Animals must be accompanied by proof of ownership.

(Driver Signature) Transporting

(Species) For (Owner's Signature)