

**20 \_\_\_\_\_ COLORADO STATE FAIR**  
**QUALITY ASSURANCE CERTIFICATE**

The Colorado State Fair (CSF) endorses and supports the USDA Wholesome Meat Act and insists exhibitors be in compliance with proper utilization of medications. Exhibitors of all market animals must certify their compliance with manufacturer's pre-market withdrawal periods specified for any and all medications, drugs, pesticides or feed additives administered. The use of non-approved chemicals or improper use of approved chemicals is strictly prohibited. Similarly, unethical fitting, tampering with or sabotage of animals is strictly prohibited.

**CERTIFICATION AND STATEMENT OF DISCLOSURE**

This certifies that the Junior Market Exhibitor has attended a quality assurance program and is thus permitted to participate in the CSF. Additionally, the exhibitor/family agrees and consents to abide by the rules of competition and will be in compliance with the proper labeled use of vaccinations, medications and additives as required under the USDA Wholesome Meat Act, and the quality assurance requirements of the CSF and that non-compliance can result in civil and/or criminal liability.

The exhibitor/family agrees not to engage in unethical fitting practices, tampering, or sabotage and to use the proper animal husbandry techniques and practices to become a better steward of their project(s). The exhibitor is responsible for:

- ❖ The proper care and treatment of their animals.
- ❖ The production of wholesome foods.
- ❖ The development of sound moral character in themselves and others.

We agree that any antibiotic, medication, anti-inflammatory, pesticide or other substance administered to any market animal on the Colorado State Fairgrounds will be administered by or under the direct supervision of a licensed veterinarian. We understand that any medication that has not met the required withdrawal time may result in disqualification of this entry from eligibility of sale before or after shipment to slaughter from the Colorado State Fair.

It is with my understanding that if any unethical substance is found by testing that all Colorado State Fair premiums and awards allocated to this animal will automatically be forfeited and legal authorities will supersede.

We acknowledge that the CSF reserves the right to examine, inspect, and test any market animal for drug residues, vaccinations, and injections of any nature and take any action deemed appropriate if testing results show any positive residues exceeding FDA/EPA/USDA established tolerance for any foreign substance including medications, drugs, pesticides, feed additives or chemicals. We acknowledge the right to examine, inspect and test for vaccinations, injections or unethical fitting. We acknowledge that CSF reserves the right to pass any and all fees and costs required for examinations, inspections and testing, if any, on to the exhibitor.

We, the undersigned, further certify that the market animal(s) listed below have not received any non-approved drugs and that we have adhered to the withdrawal time required for all approved drugs or medications. Our signatures indicate we have read and understand the statements included on this document.

\_\_\_\_\_  
**Owner / Exhibitor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**  
**(If exhibitor is under 18 yrs. of age)**

Exhibitor Name \_\_\_\_\_

Circle Species:    BEEF            GOAT            HOG            LAMB

**Complete history of ALL vaccinations/medications/additives given to animal(s) while under control of the exhibitor. Animals that have not completed a prescribed withdrawal period are not eligible to show at the Colorado State Fair (CSF Jr. Livestock Competition Requirements #II.A.16).**

DATE	TREATMENT	AMOUNT	ANIMAL ID/ CO. TAG #	EXHIBITOR'S INITIALS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

Please supply additional records if necessary.

**PLEASE BRING THIS FORM TO CSF AT THE TIME OF PROCESSING – DO NOT SEND WITH ENTRIES**