



RODEO AUSTIN ANIMAL HEALTH DECLARATION FORM



Select SQ products and never give an injection in the rear leg or top butt.

Date: _____ Tag No.: Rt. Ear/ Lft Ear: _____

Exhibitor: _____ Club/Chapter: _____

AST/CEA: _____ Veterinarian: _____

Species: Bov /Por/Cap/Ovi/Avi Age: _____ Weight: _____

Other Management (√): Castrate _____ Dehorn _____ Other _____ Crew _____

| Product | Lot or Serial # | Exp. Date | ROA* | Dose | Booster Date | Withdrawal Date | Prescribing Veterinarian | Given under guidance of prescribing Veterinarian? | |
|---------|-----------------|-----------|------|------|--------------|-----------------|--------------------------|---|----|
| 1 | | | | | | | | Yes | No |
| 2 | | | | | | | | Yes | No |
| 3 | | | | | | | | Yes | No |
| 4 | | | | | | | | Yes | No |
| 5 | | | | | | | | Yes | No |
| 6 | | | | | | | | Yes | No |
| 7 | | | | | | | | Yes | No |
| 8 | | | | | | | | Yes | No |

*ROA – Route of Administration

Comments:
