

# Individual Animal Pre-Marketing Form

Animal ID: \_\_\_\_\_ Date: \_\_\_\_\_

List any treatments this animal had within the past 90 days:

Drug	Route of Admin. (IM, SC, IM, IMM)	Dose Given (mL)	Date withdrawal period expired

Have all meat withdrawal periods been met? YES NO

Any S.T.O.P. criteria present? YES NO

- S: Standing or walking is not possible
- T: Treatments were recent and may require an extended withdrawal period
- O: Obvious condition/disease that would lead to condemnation of the carcass
- P: Poor prognosis or poor body condition score (two or less) for recently treated animals

Was the animal in poor health, or not eating or drinking normally within the past 2 months? YES NO

Was an extended withhold time, due to poor health, applied? YES NO

If yes, what was new expiration date of the withdrawal period? \_\_\_\_\_

I have reviewed this animal’s treatment history and condition and have determined that this animal is clear to go to slaughter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Last Updated: 10/5/2020