DEPARTMENT OF

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 |
|------|--------------------------------------|-----------------|-----------------------------------|
| | | | |
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| Have all meat withdrawal periods been met? | | NO | |
|---|--|----|--|
| Any S.T.O.P. criteria present? | | 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? | | NO | |
| Was an extended withhold time, due to poor health, applied? | | NO | |
| If we what we are we institute data of the with down a location (2) | | | |

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

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.