
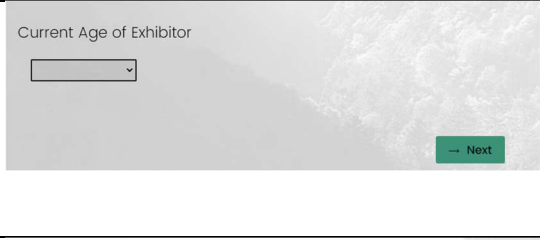
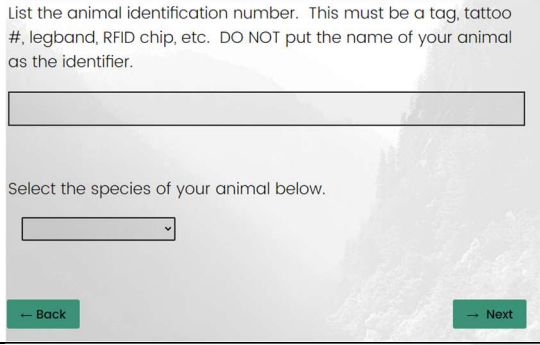
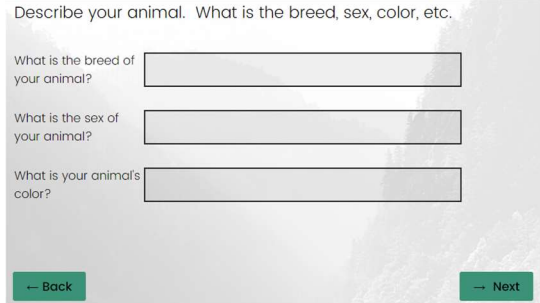


ONLINE DUNF COMPLETION

<p>Complete required form online this year!</p> <p>Visit www.go.osu.edu/rossdunf</p>	<p>Visit www.go.osu.edu/rossdunf</p>
<p>1. You will see 39- Ross County at the top.</p>	
<p>2. Fill out all info on the page including first and last name, address, email, and phone. Complete current age of exhibitor in the drop down.</p> <p>Click next.</p>	
<p>3. List animal identification number (tag, tattoo #, legband, RFID chip, ear notch, etc.) DO NOT PUT NAME OF ANIMAL.</p> <p>Select species from drop down.</p> <p>Click next.</p>	
<p>4. Describe animal. Fill in breed, sex, color, etc.</p> <p>Click next.</p>	



5. Answer question if you participated in QA within last 12 months or tested out.

Click next.

Are you a Junior Fair market livestock exhibitor that attended or completed a Quality Assurance program during the last 12 months or have tested out of a program within your age bracket?

Yes

No

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6. Answer the question if the animal is free of medication.

Click next.

If you answer yes, move down to number 10.

If you click that your animal is not free of medication, continue to follow below to number 7.

Is the above listed animal free of medication?

Yes

No

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7. Answer how many medications you used that the withdrawal time has NOT passed.

Click next.

How many medication(s) have you treated this animal with that the withdrawal time has not elapsed?

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8. Complete the questions specific about the medication. Prepare to fill out treatment date, condition being treated, name of medication, amount (dose), route (IM, IV, SQ, oral), withdrawal time, date withdrawal complete). Youth need to answer if this medication was extra label or Rx. You will complete this for each medication you used that the withdrawal time has not elapsed.

Click next.

Date Withdrawal Complete

Was this drug an extra label or Rx drug?

Yes

No

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9. Please note that if you mark that the medication is a prescription you will need to fill out the contact information for your veterinarian.

If you marked that the medication was not prescription, you will not fill this section out.

Click next.

A veterinarian must have prescribed this medication. List the licensed veterinarian's name and address who prescribed or directed the treatment.

First Name of Veterinarian

Last Name of Veterinarian

Full Address of Veterinarian

Phone Number of Veterinarian

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10. When you are finished, you will then sign as exhibitor/owner and have parent/guardian sign. Then submit and you are finished.

Click next.

Exhibitor/Owner Signature

× **SIGN HERE** clear

Parent/Guardian Signature

× **SIGN HERE** clear

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11. You can see the pdf of what was submitted.

Save a copy for your records.

We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses

[Download PDF](#)

Please select the exhibition/fair name from the dropdown list below.