DEPARTMENT OF AGRICULTURE

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

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.