# Marion County Junior Fair DUNF Completion List

If your animal project is listed below, fill out the electronic Marion County DUNF before ANIMAL IS EXHIBITED. ONE DUNF FORM FOR EACH ANIMAL!

#### NO DUNF FORM, NO SHOW!

Cattle

Large Market Beef (steer/heifer) Must use fair tag. Dairy Feeders Must use fair tag.

**Swine** 

Market Hog (barrow/gilt) Must use fair tag.

Goat

Market (wether/doe) Must use fair tag.

**Poultry** 

For PENs of animals, treat them as one animal ex. (Meat Pen of Chickens). Must use fair identification for each bird in the pen separated by commas.

Market Chicken Market Turkey Market Duck

Sheep

Market Lamb (wether/ewe) Must use fair tag.

If your animal is not listed above, **you do not need to fill out a DUNF.** This includes horse/donkey, rabbits, breeding animals, or an exhibition/fancy.





## ONLINE DUNF COMPLETION

Complete required form online this year!	Visit
Visit go.osu.edu/dunfmarion	go.osu.edu/dunfmarion
1. You will see 2 – Marion County at the top.	Exhibition/Fair that I am exhibiting at:  2 - Marion  If this Exhibition/Fair is not where you are participating, do not complete this form. Contact your 4-H Educator to obtain the correct link for your county.
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.	Current Age of Exhibitor
Click next.	
3. List animal identification number (tag, tattoo #, legbands, RFID chip, ear notch, etc.) DO NOT PUT NAME OF ANIMAL.	List the animal identification number. This must be a tag, tattoo #, legband, RFID chip, etc. DO NOT put the name of your animal as the identifier.
Select species from drop downIf you don't see your species, you do not need to fill this out.	Select the species of your animal below.
Click next.	← Back → Next
4. Describe animal. Fill in breed, sex, color, etc.	Describe your animal. What is the breed, sex, color, etc.
Click next.	What is the breed of your animal?  What is the sex of your animal?  What is your animal's color?
	← Back → Next

CFAES

## OHIO STATE UNIVERSITY EXTENSION

5. Answer question if you participated in QA within last 12 months or tested out.	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
Click next.	bracket?  O Yes  O No
	→ Back
6. Answer the question if the animal is free of medication.	Is the above listed animal free of medication?  O Yes  O No
Click next.	
If you answer yes, move down to number 10.	→ Back
If you click that your animal is not free of medication, continue to follow below to number 7.	
7. Answer how many medications you used that the withdrawal time has NOT passed.	How many medication(s) have you treated this animal with that the withdrawl time has not elapsed?
Click next.	← Back → Next
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).	Date Withdrawl Complete  Was this drug an extra label or Rx drug?  O Yes
Youth need to answer if this medication was extra label of Rx. You will complete this for each medication you used that the withdrawal time has not elapsed.	O No  Back  Next
Click next.	

CFAES

## OHIO STATE UNIVERSITY EXTENSION

Please note that if you mark that the medication is a prescription you will need to fill	A veterinarian must have prescribed this medication. List the licensed veterinarian's name and address who prescribed or
out the contact information for your	directed the treatment.
veterinarian.	First Name of Veterinarian
	Last Name of
If you marked that the medication was not	Veterinarian
prescription, you will not fill this section out.	Full Address of Veterinarian
Click next.	Phone Number of
Click next.	Veterinarian
	← Back → Next
10. When you are finished, you will then sign as	Exhibitor/Owner Signature
exhibitor/owner and have parent/guardian sign.	
Then submit and you are finished.	CICN HEDE
Click next.	clear
CHER HEAL.	
	Parent/Guardian Signature
	- aron, o aron o grando
	× SIGN HERE
	clear
	← Back
11. You can see the pdf of what was submitted.	We thank you for your time spent taking this survey.
	Your response has been recorded.
Save a copy for your records.	
	Below is a summary of your responses <u>Download PDF</u>
	Please select the exhibition/fair name from the dropdown list
	below.
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