

SWINE DOCUMENTATION FORM – 2019

This form must be filled out and provided to the applicable species superintendent or their designee upon check-in at the fairgrounds.

Exhibitor Name _____ Male Female

Exhibitor Date of Birth _____ Month _____ Day _____ Year (used to determine exhibitor eligibility)

Address _____ City _____ Zip _____

Phone _____ Cell # _____

Email address _____

Text messages and email will only be used if needed to contact the exhibitor related to their exhibits. Parents/Guardian Name(s) _____

4-H Club Name (if applicable) _____

Animal Owner Name _____

Animal Owner Address (if different than exhibitor) _____

Animal Owner Contact Phone _____

Premises I.D. # _____

	<u>SWINE #1</u>	<u>SWINE #2</u>	<u>SWINE #3</u>	<u>SWINE #4</u>
BREED.....	_____	_____	_____	_____
SWINE DATE OF BIRTH	_____	_____	_____	_____
RIGHT EAR TAG NO.	_____	_____	_____	_____
LEFT EAR TAG NO.	_____	_____	_____	_____

Please check the following boxes verifying the required items are completed and attached.

ATTACHED: Wisconsin Intrastate Certificate of Veterinary Inspection form.

Veterinarian Name: _____

Date Completed: _____

Form includes signed statement from vet stating: *“Herd of origin was inspected on the farm within 30 days prior to movement to the fair and showed no signs of disease.”*