



Circle one: **BEEF SWINE SHEEP GOATS**

Exhibitor last name: _____

First Name: _____

Club: _____

Animal ID & Vet Check Information

- This form must accompany your animals upon arrival at the Outagamie County Fair.
- One check-in form is required per species of animal per exhibitor.
- The Outagamie County Fair is required by the state (per Department of Agriculture, Trade, and Consumer Protection rules and regulations) to keep accurate records of official animal ID information and premise ID numbers.

Beef	Ear tag identification
Swine	<p>Please staple the following paperwork to this check-in form:</p> <ul style="list-style-type: none"> • Signed veterinary paperwork that state “the entire herd” was in good health at the time of inspection. • Documentation of PRRS and PEDv negative test results <p>Acceptable swine ID includes: USDA silver ear tag, USDA 840 ear tag (this is the OU market animal tag), Breed Assoc. tattoo if pig is purebred and the tattoo is registered, ear tag with the premise ID number and a unique identifier, or ear notch if pig is purebred and the notch is registered.</p>
Sheep & Goats	<p>Official ID:</p> <ul style="list-style-type: none"> • Scrapie ear tags or tattoos • USDA 840 ear tag • Breed Assoc. tattoo if accompanied by registration papers in the owner’s name. <p>Exhibitors MUST include Scrapie ID information – it is required by the state!</p>

Premise ID required:	Date:
FARM address where animals were raised:	Phone:
	Circle one: Junior Fair or Open Class

Breed	Class entered (feeder calf, fall lamb, etc.)	Outagamie Livestock Ear tag #	Other official ID	Sheep & Goats Scrapie info

Signature of Exhibitor: _____

Please see other side



Exhibitor Last Name: _____

First Name: _____

Breed	Class entered (feeder calf, fall lamb, etc.)	Outagamie Livestock Ear tag #	Other official ID	Sheep & Goats Scrapie info
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ATTENTION: Market Animal Exhibitors ONLY

NO FORM = NO WEIGH-IN

Market Animal Drug History

I hereby certify that this animal has not received or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances without following the current withdrawal procedures.

Product: _____ Dates administered: _____

Product: _____ Dates administered: _____

Product: _____ Dates administered: _____

Date: _____

Signature of Exhibitor: _____

Signature of Parent: _____