

Circle one:

Dairy

Beef

Swine

Sheep

Goats




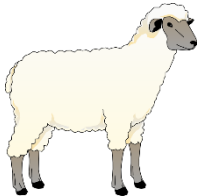

Exhibitor Last Name _____

First Name _____

Club _____

Outagamie County Fair 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.

Swine	Sheep and Goats
<ul style="list-style-type: none"> • Signed Veterinary paperwork that states “the <i>entire herd</i> was in good health at the time of inspection”. • Documentation of PRRS and PEDv negative test results • Please staple all paperwork to this check in form. • Acceptable swine ID includes: <ul style="list-style-type: none"> ▪ USDA silver ear tag ▪ USDA 840 ear tag ▪ Breed Assoc. tattoo if pig is a purebred and the tattoo is registered ▪ Ear tag with the premise id number and a unique identifier ▪ Ear notch if the pig is a purebred and the notch is registered 	<ul style="list-style-type: none"> • Official ID: <ul style="list-style-type: none"> ▪ Scrapie ear tags or tattoos ▪ USDA 840 ear tag ▪ Breed association tattoo if accompanied by registration papers in the owner’s name  
Animal Health Regulations for Fairs and Shows in Wisconsin: 2020 Season	

Premise ID is required:



Date: _____

FARM Address (must be address where animals were raised):

Phone: _____

Circle one: Junior Fair or Open Class

Breed	Age	Outagamie Livestock Ear tag #	Type of official ID	Identification

Signature of Exhibitor: _____

Date: _____

Superintendent’s Initials:



Exhibitor Last Name: _____

First Name: _____

Breed	Age	Outagamie Livestock Ear tag #	Type of official ID	Identification

**ATTENTION:
MARKET ANIMAL
EXHIBITORS ONLY**

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: _____

**NO FORM
NO WEIGH-IN**

Signature of Exhibitor: _____

Signature of Parent: _____