

DAIRY DOCUMENTATION FORM – 2017

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 or Open Class _____

Name of Animal Owner: _____

Address of Animal Owner (if different from exhibitor) _____

Animal Owner Contact Phone _____

PREMISE I.D. # _____

	<u>DAIRY COW #1</u>	<u>DAIRY COW #2</u>	<u>DAIRY COW #3</u>	<u>DAIRY COW #4</u>
BREED.....	_____	_____	_____	_____
COW DATE OF BIRTH	_____	_____	_____	_____
VACCINATION #	_____	_____	_____	_____
RIGHT EAR TAG #	_____	_____	_____	_____
LEFT EAR TAG #	_____	_____	_____	_____
If Registered, Registration #	_____	_____	_____	_____

If exhibitor is bringing more than 4 Dairy Cows, use an additional form for the remaining animals.

Are any of the cows listed above MILKING DAIRY COWS: YES / NO (CIRCLE ONE)
 IF YES, COMPLETE THE SECTION BELOW MUST BE COMPLETED BY THE OWNER OF THE ANIMAL

I hereby certify that my milking dairy animal(s) have not received or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics or other substances without following the current withdrawal procedures. If any of these drugs are found in the milk from my animals, I will be responsible for the loss of all milk.

 Animal Owner's Name (PRINT)

 Animal Owner's Signature

 Date