SWINE DOCUMENTATION FORM - 2021

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 \square
Exhibitor Date of Birth _					
Address			_City	Zip _	
Phone	Cel	I #		_	
Email address					
Text messages and email	will only be used if ne	eeded to contact the	e exhibitor related	to their exhibits. Parent	ts/Guardian
Name(s)					
 4-H Club Name (if applicab	le)				
nimal Owner Name					
nimal Owner Address (if different than exhibitor)					
nimal Owner Contact	Phone				
remises I.D. #					
	SWINE #1	SWINE #2	SWINE #3	SWINE #4	
BREED					
SWINE DATE OF BIRTH					
RIGHT EAR TAG NO.				-	
LEFT EAR TAG NO.					
Please check the following boxe	es verifying the required item	s are completed and attac	hed.		
ATTACHED: Wi	isconsin Intrastate	Certificate of Veto	erinary Inspection	n form.	
Ve	eterinarian Name: _				
Da	ate Completed:				
	cludes signed state 30 days prior to mo		•	gin was inspected or signs of disease."	n the farm