

ONE CHECK-IN FORM

Exhibitor Last Name \_\_\_\_\_

PER SPECIES OF ANIMAL

Exhibitor First Name \_\_\_\_\_

PER EXHIBITOR

Club \_\_\_\_\_

PER LOAD

### WAUPACA COUNTY FAIR ANIMAL ID & VET CHECK INFORMATION

Please photocopy if you need more copies of this form or print additional copies.  
This form must accompany your animals **upon arrival** at the Waupaca County Fair.  
This completed form will be required **for each load** at the livestock entry gate on entry day.  
Animals will be checked by the superintendents or vet.

Premises ID No. \_\_\_\_\_

Date: \_\_\_\_\_

Farm Name \_\_\_\_\_

Exhibitor Name \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_

Number of animals on the load \_\_\_\_\_

#### ONE CHECK-IN FORM PER SPECIES OF ANIMALS PER EXHIBITOR PER LOAD

Type of Animal	Breed	Sex	Age	Type of Identification	Identification

**Junior Fair / Open Class** (circle one)

- Please complete this form as you load your animals to reduce waiting. This completed form will be required for each load at the unloading area. Superintendents and vets will check in animals in this area only.
- Review animal health rules and attach copies of the vet inspection certificates\* (when required) and/or test papers as they must be kept on file at the Waupaca County Fair per Department of Agricultural, Trade & Consumer Protection rules and regulations. Certificate copies will not be returned to exhibitors.

*I understand, and agree, that I meet the criteria to exhibit at the Waupaca County Fair.*

\_\_\_\_\_  
Exhibitor/Hauler

\_\_\_\_\_  
Date

**Checked  
in by:**

\_\_\_\_\_  
County Fair Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Fair Veterinarians

\_\_\_\_\_  
Date

\* ALL SWINE EXHIBITORS MUST HAVE THE ORIGINAL OR A COPY OF THEIR CERTIFICATE OF VETERINARY INSPECTION (CVI) ATTACHED TO **EACH FAIR LOAD SHEET.**  
MARKET ANIMAL DRUG HISTORY

Exhibitor Name: \_\_\_\_\_ Premises ID: \_\_\_\_\_

CHECK ONE:

- \_\_\_\_\_ We hereby certify that this animal has not received, or been treated, with drugs, antibiotics, tranquilizers, diuretics, steroids, non-steroidal anti-inflammatory drugs, or other substances.
- \_\_\_\_\_ The following products have been administered to the listed animal(s). Vaccines and medicated feed should also be included in the list.

Example:

Species: Swine Ear Tag Number: 123 Animal ID 1-1

Date	Drug	Dose	Route	Condition	Withdrawal	Date w/d Complete	Person administering Drug
1/1/24	Penicillin	1 ml	SQ neck	Strep	14 days	1/15/24	Mr. Farmer

Species: \_\_\_\_\_ Ear Tag Number: \_\_\_\_\_ Animal ID \_\_\_\_\_

Date	Drug	Dose	Route	Condition	Withdrawal	Date w/d Complete	Person administering Drug

Species: \_\_\_\_\_ Ear Tag Number: \_\_\_\_\_ Animal ID \_\_\_\_\_

Date	Drug	Dose	Route	Condition	Withdrawal	Date w/d Complete	Person administering Drug

Species: \_\_\_\_\_ Ear Tag Number: \_\_\_\_\_ Animal ID \_\_\_\_\_

Date	Drug	Dose	Route	Condition	Withdrawal	Date w/d Complete	Person administering Drug