

ONE CHECK-IN FORM

PER SPECIES OF ANIMAL

PER EXHIBITOR

PER LOAD

Exhibitor Last Name _____

Exhibitor First Name _____

Club _____

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 _____

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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