

Open Sheep Entry Form – Breeding Classes

Name _____ Address _____

Phone # _____ Farm Name _____

- | | | | |
|------------------|------------------|---------------|----------------------|
| 1. Cheviot | 5. Dorset-polled | 9. Suffolk | |
| 2. Corriedale | 6. Merino | 10. Tunis | 13. Finn |
| 3. Hampshire | 7. Shropshire | 11. Texel | 14. All Other Breeds |
| 4. Dorset-horned | 8. Southdown | 12. Montadale | |

Please indicate the breed of the animal by using one of the provided codes

Department 4 Section 1 Breed _____ Class# _____

Animal Name _____ Birth Date _____

Registration # _____ Ear Tag # _____

Sire Registration # _____ Name _____

Dam Registration # _____ Name _____

Breeder/Handler _____

Department 4 Section 1 Breed _____ Class# _____

Animal Name _____ Birth Date _____

Registration # _____ Ear Tag # _____

Sire Registration # _____ Name _____

Dam Registration # _____ Name _____

Breeder/Handler _____

Department 4 Section 1 Breed _____ Class# _____

Animal Name _____ Birth Date _____

Registration # _____ Ear Tag # _____

Sire Registration # _____ Name _____

Dam Registration # _____ Name _____

Breeder/Handler _____

Please complete one section for each animal – one exhibitor with a maximum of three animals per page. If you are only entering one animal DO NOT SEPARATE FORM.

We will not accept this form if it is not completely filled out. No blanks should be left or the animal will not be entered.

There is a \$1.00 per animal entry fee – Please make all checks payable to Wayne County Fair.

Submit forms by July 1, 2019 to:

Les Mang
143 Beech Street
Honesdale PA 18431

Approved By: _____

Animal Owner or Caretaker's Verification of "Veterinarian – Client – Patient – Relationship (VCPR) statement for the animals being exhibited:

" I attest and affirm that a "Veterinary-Client-Patient-Relationship" – as that phrase is defined in the "Animal Exhibition Sanitation Law" found at 3 Pa. C.S.A. § 2501 et seq. and any amendments thereto-exists with regard to any animals I will be exhibiting."

Exhibitor or Caretaker's Signature: _____

Date Signed: _____

Veterinarian's Name: _____