

# Open Beef Entry Form – Feeder Classes

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Farm

Name \_\_\_\_\_

- |                |                   |                      |
|----------------|-------------------|----------------------|
| 1. Black Angus | 5. Maintainer     | 9. Maine Anjou       |
| 2. Charolais   | 6. Shorthorn      | 10. All Other Breeds |
| 3. Hereford    | 7. Shorthorn Plus |                      |
| 4. Simmental   | 8. Red Angus      |                      |

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

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Animal Name \_\_\_\_\_  Steer  Heifer

Ear Tag # \_\_\_\_\_ Breed \_\_\_\_\_

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**For Office Use:**

Department 3 Section 3 Class \_\_\_\_\_ Official Weight \_\_\_\_\_

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Animal Name \_\_\_\_\_  Steer  Heifer

Ear Tag # \_\_\_\_\_ Breed \_\_\_\_\_

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**For Office Use:**

Department 3 Section 3 Class \_\_\_\_\_ Official Weight \_\_\_\_\_

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Animal Name \_\_\_\_\_  Steer  Heifer

Ear Tag # \_\_\_\_\_ Breed \_\_\_\_\_

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**For Office Use:**

Department 3 Section 3 Class \_\_\_\_\_ Official Weight \_\_\_\_\_

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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, 2021 to: Wayne County Fair  
270 Miller Drive  
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 “veterinarian consultation 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: \_\_\_\_\_