Open Dairy Goat Entry Form

| Name | | Address | |
|--|---|--|---|
| Phone # | F | Tarm Name | |
| Nubian Toggenburg Lamancha Please indicate | 6. Oberhis | 8. Recorded 9. Nigerian | |
| | | | ********* |
| Department 6 Section 1 Animal Name | | | |
| Registration # | | | |
| Sire Registration # | | | |
| Dam Registration # | | | |
| Breeder/Handler | | | |
| Department 6 Section 1 | Breed | | |
| Animal Name | | | |
| Registration # | | Ear Tag # | |
| Sire Registration # | | | |
| Dam Registration # | | Name | |
| Breeder/Handler | ******** | ******* | ********** |
| Department 6 Section 1 | Breed | | Class |
| Animal Name | | | |
| Registration # | | | |
| Sire Registration # | | Name | |
| Dam Registration # | | Name | |
| Breeder/Handler | ***** | ******* | ********* |
| three animals per page FORM. We will not ac should be left or the ar | e. If you are or ecept this form nimal will not | nly entering one anim if it is not completed be entered. | tor with a maximum of nal DO NOT SEPARATE ly filled out. No blanks ecks payable to <u>Wayne</u> |
| Submit forms by July | 1, 2023 to: | Wayne County Fa 270 Miller Drive Honesdale PA 184 | |
| | | | Approved By: |

<u>Animal Owner or Caretaker's Verification of Veterinarian – Consultation –</u> Relationship (VCR) 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: | | |