## **Open Hog Entry Form**

| Name   |                               | Address   |                 |                              |                         |               |
|--|-------------------------------|---|-----------------|------------------------------|-------------------------|---------------|
| Phone #  | ******                        | Farm Name   | ******          | ******                       | ****                    | ***           |
| Animal Name  |                               |   |                 | Barrow                       |                         | Gilt          |
| Ear Tag/Ear Notch #  |                               | Breed   |                 |                              |                         |               |
| ******   | ******                        | ******  | *****           | *****                        | *****                   | ****          |
| For Office Use:  |                               |   |                 |                              |                         |               |
| Department 5   | Section 2                     | Class   | Official Weight |                              |                         |               |
| ******   | ******                        | ******  | *****           | *****                        | *****                   | ****          |
| Animal Name  |                               |   |                 | Barrow                       |                         | Gilt          |
| Ear Tag/Ear Notch #  |                               | Breed   |                 |                              |                         |               |
| ******   | *****                         | *******   | ******          | *****                        | *****                   | ****          |
| For Office Use:  |                               |   |                 |                              |                         |               |
| Department 5   | Section 2                     | Class   |                 | Official W                   | eight                   |               |
| ******   | ******                        | *******   | ******          | *****                        | *****                   | *****         |
| Animal Name  |                               |   |                 | Barrow                       |                         | Gilt          |
| Ear Tag/Ear Notch #  |                               | Breed   |                 |                              |                         |               |
| ******   | ******                        | *******   | ******          | *****                        | *****                   | *****         |
| For Office Use:  |                               |   |                 |                              |                         |               |
| Department 5   | Section 2                     | Class   |                 | Official W                   | eight                   |               |
| ******   | ******                        | ******  | *****           | *****                        | ******                  | *****         |
| Please complete one page. If you are only it is not completely f \$1.00 per animal ent | entering one<br>illed out. No | e animal DO NOT SE<br>blanks should be le             | PARATE FO       | ORM. We wil<br>nimal will no | l not acce<br>t be ente | ept this form |
| Submit forms by July   | , 1, 2023 to:                 | Wayne County F<br>270 Miller Drive<br>Honesdale PA 18 |                 | ı                            | Approved                | hv:           |

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