



Northwest Michigan 4-H Livestock & Northwestern Michigan Fair Goat Health & Identification Check-In Form



Exhibitor Information:

Name: _____ Phone: _____
 Emergency Contact: _____ Cell Phone: _____
 4-H Club: _____ Leader's Cell Phone: _____

Animal Information:

	Goat's Name	Type of ID	ID Number	Color
1		<input type="checkbox"/> Tag <input type="checkbox"/> Tattoo		
2		<input type="checkbox"/> Tag <input type="checkbox"/> Tattoo		
3		<input type="checkbox"/> Tag <input type="checkbox"/> Tattoo		

Scrapie Tag #1

Scrapie Tag #2

Scrapie Tag #3

Vaccinations/Medications				
	Date	Medication	Dosage	Remarks
Goat 1				
Goat 2				
Goat 3				

Wormings			
	Date	Medication	Dosage
Goat 1			
Goat 2			
Goat 3			

General Health Notes		
	Date	Disbudded
1		Yes No
2		Yes No
3		Yes No
	Date	Castrated
1		Yes No
2		Yes No
3		Yes No

Comments/Notes:
