



ANIMAL HEALTH & ID CHECK IN FORM NORTHWEST MICHIGAN 4-H LIVESTOCK COUNCIL



One form is required per Exhibitor; all animals must be identified. Use additional forms if necessary. This form will be submitted during fair check-in on August 6th. *Please do not remove your animal(s) from your vehicle until you are instructed to do so.*

Exhibitor's Name _____

Club Name _____

Emergency Contact _____

Emergency Phone # _____

ANIMAL(S) IDENTIFICATION

Please record the animal identification information below. Every animal *must* be documented, including the goat's *name*, the *type of official identification* used (i.e., tattoo, ear tag, microchip) and the official *ID #*. Microchip ID requires valid registry papers from an accredited national registry; exhibitor must provide chip reader for validation.

	GOAT(s) NAME	TYPE of ID	ID NUMBER
1			
2			
3			

Attach #1 Scrapie Tag below:

Attach #2 Scrapie Tag below:

Attach #3 Scrapie Tag below:

- TO BE COMPLETED BY AUTHORIZED CHECK-IN STAFF ONLY -

I have completed the required health care check on the animal(s) listed; all official ID numbers have been verified.



CHECKED IN BY _____

