

SHEEP DOCUMENTATION FORM – 2020

This form must be filled out and provided to the applicable species superintendent or their designee upon check-in at the fairgrounds.

Exhibitor Name _____	Male	Female
Exhibitor Date of Birth _____	Month _____	Day _____
Year _____ (used to determine exhibitor eligibility)		
Address _____	City _____	
Zip _____	Phone _____	
Cell # _____	Email address (not shared) _____	
Text messages and email will only be used if needed to contact the exhibitor related to their exhibits.		
Parent/Guardian Name(s) _____		
4-H Club Name (if applicable) _____		

Name of Animal Owner: _____

Address of Animal Owner (if different from exhibitor) _____

Animal Owner Contact Phone _____

PREMISE I.D. # _____

	SHEEP #1	SHEEP #2	SHEEP #3	SHEEP #4
BREED	_____	_____	_____	_____
BIRTH DATE	_____	_____	_____	_____
SCRAPIES ID	_____	_____	_____	_____
EAR TAG #	_____	_____	_____	_____