



Check here to decline vaccinations

MOTHER LODE FAIR MARKET ANIMAL REGISTRATION AND BIOSECURITY CHECKLIST

COMPLETE ONE FORM FOR EACH ANIMAL

Exhibitor Name _____

Mailing Address _____ City/Zip _____

Phone _____ Email _____

Date of Birth _____ Age _____ Grade _____

IF FFA MEMBER

School/Chapter & Name of Advisor _____

IF 4-H MEMBER

Club/Project & Name of Project Leader _____

IF INDEPENDENT

Name of parent/guardian supervising project _____

SPECIES	BREED	SEX	COLOR/MARKINGS	EAR TAG
Beef	_____	M F	_____	_____
Sheep	_____	M F	_____	_____
Swine	_____	M F	_____	_____
Meat Goat	_____	M F	_____	_____

Has the animal been vaccinated? Yes ___ No ___ If yes, date/type of vaccine: _____

Has the animal refused to eat in the past 7 days? Yes ___ No ___

Has the animal had diarrhea in the past 7 days? Yes ___ No ___

Has the animal shown any signs of labored breathing in the past 7 days? Yes ___ No ___

Has the animal had any skin problems (itching, rashes) in the past 7 days? Yes ___ No ___

Has the animal been exhibited within 30 days of this preweigh? Yes ___ No ___

If yes, where and when (most recent first)? _____

Has the animal been exposed to anyone who has visited a foreign country in the past 7 days? Yes ___ No ___

EXAMINER TO COMPLETE

Lamb Tail Dock: Approved Disqualified Examiner's Initials

Examiner's comments _____

Signature of Examiner _____

Fair tag number _____ Scrapie ID # _____