

NWMF ANIMAL HEALTH CARE CHECK FORM



Northwestern Michigan Fair HEALTH CARE CHECK FORM - ANIMALS



ONE HEALTH CARE CHECK FORM IS REQUIRED PER EXHIBITOR

Please fill in the Exhibitor info, Animal ID section

This form will be submitted to authorized staff or NWMF Superintendent during fair check in.

DO NOT REMOVE ANIMALS FROM VEHICLE UNTIL INSTRUCTED TO DO SO

Exhibitor's Name: _____

Emergency Contact: _____

Emergency Phone: _____

Club Name: _____

ANIMAL(S) IDENTIFICATION

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

	ANIMAL'S SPECIE	ID NUMBER
1		
2		
3		
4		
5		

THIS FORM IS FOR FAIR USE ONLY!

*4-H EXHIBITORS - PLEASE INCLUDE THIS WITH ANY OTHER
NORTHWEST MICHIGAN LIVESTOCK COUNCIL REQUIRED HEALTH FORMS.*

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- TO BE COMPLETED BY AUTHORIZED FAIR REPRESENTATIVES ONLY -

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

Checked In By _____

Date _____