



## 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<br>1                |      |            |        |         |
|                          |      |            |        |         |
|                          |      |            |        |         |
| Goat<br>2                |      |            |        |         |
|                          |      |            |        |         |
|                          |      |            |        |         |
| Goat<br>3                |      |            |        |         |
|                          |      |            |        |         |
|                          |      |            |        |         |

| Wormings  |      |            |        |
|-----------|------|------------|--------|
|           | Date | Medication | Dosage |
| Goat<br>1 |      |            |        |
|           |      |            |        |
| Goat<br>2 |      |            |        |
|           |      |            |        |
| Goat<br>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: