

Dairy Catalog Information

Please complete all information. To be used by dairy committee for catalogs and check-in. • Only one exhibitor per entry blank. If you need register additional dairy animals, please supply the same information in the same format for each additional animal. (FAX: (814) 623-0692) (Internet: www.bedford-fair.com)

Name: _____ Animals Housed With/Club: _____

Address: _____
Street City State Zip

Phone: _____ County: _____ Jr. Exhibitor Date of Birth: _____

Group Classes will entered under exhibitor name, enter number of entries in each class

Junior Show: Dam & Daughter _____ Open Show: Jr. best 3 Females _____ Senior Best 3 Females _____
 Dairy Herd _____ Produce of Dam _____ Dam & Daughter _____

Animal Info Junior Show _____ Open Show _____ (Check if entering) Junior Class # _____ Open Class# _____
(Enter class numbers)

Organization, Check One: 4-H _____ FFA _____ Unit/Chapter _____ Owner/Breeder: Y / N

Breed: _____ Animal Name: _____
 Registration #: _____ Birth Date: _____ Dry: Y/N Due Date: _____
 Sire's Name: _____ Dam's Name: _____
 Breeder: _____ Breeder's City/State: _____

Animal Info Junior Show _____ Open Show _____ (Check if entering) Junior Class # _____ Open Class# _____
(Enter class numbers)

Organization, Check One: 4-H _____ FFA _____ Unit/Chapter _____ Owner/Breeder: Y / N

Breed: _____ Animal Name: _____
 Registration #: _____ Birth Date: _____ Dry: Y/N Due Date: _____
 Sire's Name: _____ Dam's Name: _____
 Breeder: _____ Breeder's City/State: _____

Animal Info Junior Show _____ Open Show _____ (Check if entering) Junior Class # _____ Open Class# _____
(Enter class numbers)

Organization, Check One: 4-H _____ FFA _____ Unit/Chapter _____ Owner/Breeder: Y / N

Breed: _____ Animal Name: _____
 Registration #: _____ Birth Date: _____ Dry: Y/N Due Date: _____
 Sire's Name: _____ Dam's Name: _____
 Breeder: _____ Breeder's City/State: _____

Animal Info Junior Show _____ Open Show _____ (Check if entering) Junior Class # _____ Open Class# _____
(Enter class numbers)

Organization, Check One: 4-H _____ FFA _____ Unit/Chapter _____ Owner/Breeder: Y / N

Breed: _____ Animal Name: _____
 Registration #: _____ Birth Date: _____ Dry: Y/N Due Date: _____
 Sire's Name: _____ Dam's Name: _____
 Breeder: _____ Breeder's City/State: _____

Animal Owner or Caretaker's Verification of Veterinarian-Client-Patient Relationship

1. I am the owner/caretaker (circle either or both, as applicable, of the animal(s) entered at the fair.
 2. I have an established an ongoing "veterinarian-client-patient relationship" for the animal(s) described in the preceding paragraph with _____ (print name), a licensed practitioner of veterinary medicine having the following business address: _____
- I understand this ongoing "veterinarian-client-patient relationship" to be a relationship in which the veterinarian named in the preceding paragraph has assumed the responsibility for making veterinary medical judgments regarding the health of the animal(s) described above and the need for veterinary medical treatment of said animal(s), and in which I, as owner and or caretaker of the animal(s), have agreed to follow the instructions of the veterinarian in relation to zoonotic diseases.
- I verify the foregoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa.C.S.A. §4904 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this verification.

Signature of owner/caretaker _____ Printed name of owner/caretaker _____ Date _____