

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

I, the undersigned, hereby verify the following

1. I am the owner/caretaker (circle either or both, as applicable) of the animal(s) identified as follows by ear tag, tattoo, leg band, etc. Use additional sheets as necessary.

ANIMAL ID (i.e. ear tag, tattoo, leg band, brand)	REGISTRATION NAME OR DESCRIPTION

2. I have an established and 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:
3. 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 judgements 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 below. If the owner/caretaker is under 18 years of age, the signature of the parent/guardian is required.

\_\_\_\_\_  
Printed Name of Owner Caretaker

\_\_\_\_\_  
Signature of Owner/Caretaker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Owner/Caretaker

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**DEADLINE FOR ENTRIES: MUST BE POSTMARKED BY FRIDAY, JUNE 28, 2024**

Mail to: Shaina Ferguson  
 12989 Mt Pleasant Rd  
 Mercersburg, PA 17236  
 sem307@gmail.com

**NO LATE ENTRIES ARE ACCEPTED.**  
 Please print all information and make sure it's accurate.

Include entry feeds and one copy of the front of registration papers for each animal when submitting entry form  
**PLEASE NOTE: THIS ENTRY FORM IS FOR ONE EXHIBITOR ONLY.** Two or more exhibitors in one family must use separate entry forms.

Exhibitor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Be sure to read and comply with all rules listed for Department 2 and/or Department 11.  
 OPEN Use: A - Ayrshire; B - Brown Swiss; C - Guernsey; D - Holstein; E - Jersey; F - Milking Shorthorn  
 YOUTH Use: A - Ayrshire; B - Brown Swiss; C - Guernsey; D - Holstein; E - Jersey; F - Milking Shorthorn  
 Example: Holstein Spring Calf ID use D03 for Open and Youth  
 Entry Fee - \$4.00 per animal

Animal Registration No. (from registration paper)	Department 2 - Open Show Sections		Youth ( )	Department 11 - Youth Sections	
	INDIVIDUAL	CLASS		INDIVIDUAL	CLASS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Number of Animals Entered \_\_\_\_ @ \$4.00 = \$ \_\_\_\_\_ (amount enclosed) Paid by ( ) Check no. \_\_\_\_\_ ( ) Cash  
 I have attached a copy of the front of the registration paper for each animal I have listed to be entered ( ) Yes

Exhibitor's Signature \_\_\_\_\_ Date \_\_\_\_\_



# GENERAL LIVESTOCK FORM

## Deadline for Entry: June 28, 2024

Mail completed form to: Shaina Ferguson  
12989 Mt Pleasant Rd  
Mercersburg, PA 17236  
sem307@gmail.com

This entry form is to be used for Beef Cattle, Sheep, and Goat entries only. There is an entry fee of \$4.00 per animal.

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Department	Section	Class	Event (use description from exhibitor book)