

Kempton Fair Livestock Entry Form

Mail Entries to:

Daenerys: Ethan Kimmel 14 Hawk Mtn. Rd. Kempton, Pa 19529 610-972-6877
All Other Livestock: Michele Brown 206 Kimmels Dahl Rd, Kempton, PA 19529 484-548-3750

Complete Both Sides

Exhibitor's Name: _____

County & Club _____

Address: _____

Check One or More 4-H ☐ **FFA** ☐ **Open** ☐

City: _____

Zip: _____

Email Address: _____

Phone: _____

Number of wristbands for immediate family #

Type & Breed of Livestock: _____

Enter me in ☐ **Fitting & Showmanship: Yes No** **Age 1/1/Current Year**

[illegible]

Junior Exhibitors shall have their leader or chapter advisor verify that the animals listed above are 4-H and/or FFA Projects and that all requirements for attendance have been met and records are up to date as of June 1 of current year. 4-H leader's signature should appear on 1st blank line below 4-H entries. FFA advisor's signature should likewise appear on the 1st blank line below FFA entries.

HAVE READ AND UNDERSTAND, CONTEST TO AND AGREE TO ABIDE BY THE IAFE (International Association of Fairs and Expositions) NATIONAL CODE OF SHOW RING ETHICS AS STATED IN THE PREMIUM BOOK.

Exhibitor's Signature

Date _____

Parent Or Guardian's Signature of Junior Exhibitors

Date _____

**Animal owner or Caretaker's Verification
Of Veterinarian - Client - Relationship**

I, the understand, hereby verify the following:

1. I am the owner/caretaker (circle either or, as both applicable) of the animal (s) identified as follows by ear tag, tattoo, leg band, etc. - all animals except for llamas, poultry and rabbits - you may attach a copy of the "certificate of Veterinary Inspections: (CVI) to meet this animal relationship requirement. Llamas, poultry and rabbits DO NOT NEED a CVI but need to be identified on this form. Use additional sheets as necessary.

ANIMAL ID	REGISTRATION NAME OR DESCRIPTION

2. I have an established 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 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 forgoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa.C.S.A. 49094 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this verification below.

Signature of Owner/Caretaker

Date

Printed Name of Owner/Caretaker

Address of Owner/Caretaker