

ANIMAL CHECK-IN RECORD

Event Name: _____ County: _____ Year: _____

Are all listed animals of the same species? YES NO Species: _____

Exhibitor Name (First and Last)	Street Address	City	State	ZIP
For Minors, Parent / Guardian Name				
Phone of Exhibitor (or Parent / Guardian)	Email Address of Exhibitor (or Parent / Guardian)	Identification Number / RFID Number		Age of Animal
Exhibitor Name (First and Last)	Street Address	City	State	ZIP
For Minors, Parent / Guardian Name				
Phone of Exhibitor (or Parent / Guardian)	Email Address of Exhibitor (or Parent / Guardian)	Identification Number / RFID Number		Age of Animal
Exhibitor Name (First and Last)	Street Address	City	State	ZIP
For Minors, Parent / Guardian Name				
Phone of Exhibitor (or Parent / Guardian)	Email Address of Exhibitor (or Parent / Guardian)	Identification Number / RFID Number		Age of Animal

Staff Name: _____ Date: _____

Submit record to the Michigan Department of Agriculture and Rural Development upon request.

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