



PREMISE ID# _____

EAU CLAIRE COUNTY FAIR MEAT ANIMAL PROJECT: SWINE

Name: _____ Youth Organization: 4-H or FFA or OTHER: _____

Address: _____ Phone: _____

City: _____ Zip: _____

EMAIL _____

Other members with livestock at this premise:

ANIMAL INFORMATION (Please fill out this form and return by May 1 to Livestock Secretary!)

BREED	Gilt or Barrow SEX	BIRTHDATE	OWN EAR TAG #	Fair Exhibitor EAR TAG #	FAIR WEIGHT	

Signature of Exhibitor or Parent/Guardian

OFFICE USE ONLY:

Date Received _____

Extra Hog Form: _____

Health Certificates: _____