## Entry Deadline June 1, 2022

## Kempton Fair Livestock Entry Form Mail Entries to:

Complete
Both Sides

All Other Livestock: Michele Brown 206 Kunkels Dahl Rd, Kempton, PA 19529 484-548-3750 Dairy: Ethan Kunckel 14 Hawk Mtn. Rd. Kempton, Pa 19529 610-972-6377

Address: City: Phone:			Check Zip: Type &	Check One Junior Open Zip:Email Type & Breed of Livestock:	Open Email Address: tock:	
Enter me	Enter me in Fitting & Showmanship:   Yes   No	owmanship:		Age 1/1/Current Year	?:         	
Class#	Class Name	Breed Name	Name of Animal	Date of Birth	Registration#	MUST HAVE Visible ID from other side
I HAVE RE	AD AND UNDERSTAND, CO	ONTEST TO AND AGREE	TO ABIDE TBY THE IAFE (International Associati	ion of Fairs and Expositions) N	NATIONAL CODE OF SHOW R	I HAVE READ AND UNDERSTAND, CONTEST TO AND AGREE TO ABIDE TBY THE IAFE (International Association of Fairs and Expositions) NATIONAL CODE OF SHOW RING ETHICS AS STATED IN THE PREMIUM BOOK.

Junior 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 Inspec-
	tions: (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.

ANIMA	 _ ID	REG	GISTRATION NAME OR DESCRIPTION			
. I understand this on the preceding parag the animal(s) descril or caretaker of the a	(print name), a licensed practitioner of veterinary medicine having the following business address:  I understand this ongoing "veterinarian-client-patient relationship" to be a a relationship in which the veterinarian named 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 are or caretaker of the animal(s), have agreed to follow the instructions of the veterinarian in relation to zoonotic diseases.  Firify the forgoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa.C.S.A. 49094 (relating to upon falsification to authorities). In witness of this, I have signed and dated this verification below.					
	Si <sub>l</sub>	gnature of Owner/Caretake	r Date	_		
	Printed Name of Owner/Caretaker					

Address of Owner/Caretaker