

(Use this form to enter any and all **livestock exhibits** including Market Animals)

Name: _____ Exhibitor # (if known): _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Telephone: _____

I attest and affirm that a "veterinary-client-patient-relationship" - as that phrase is defined in the Animal Exhibition Sanitation Law found at 3 Pa.C.S.A. § 2501 et seq. and any amendments thereto - exists with regard to any and all animals I will be exhibiting: (Signature of parent/guardian if exhibitor is under age 18)

Signature of Owner/Caretaker: _____ Date: _____

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