Calumet County Fair Swine RFID Tag and Identification Form

PLEASE PRINT CLEARLY IN INK

Exhibitor Name: ___________________________ Grade _____  Exhibitor Name: ___________________________ Grade _____
Exhibitor Name: ___________________________ Grade _____  Exhibitor Name: ___________________________ Grade _____
Exhibitor Name: ___________________________ Grade _____  Exhibitor Name: ___________________________ Grade _____

Parent/Guardian Name: ____________________________________________________________________________________

Phone #: ___________________________

Mailing Address: ____________________________________________________________________________________________

City __________________________ Zip Code: __________

Email Address: _____________________________________________________________________________________________

Exhibitor Name: ___________________________ Grade _____  Exhibitor Name: ___________________________ Grade _____
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Swine must be identified in the exhibitor’s name or in the immediate family member names. If swine are identified in the immediate family name, all siblings’ names MUST appear on the top of the form. Family-identified swine only need to submit one form. Youth who fill out this form can only show the pig identified on this form, they will not be eligible to show their sibling’s pig if they are not identified in the immediate family name. Cousins are not considered immediate family and may not co-identify the same swine.

Wisconsin Premise ID Code

WI Premise ID #: ________________________________________

(location where Swine are housed)

Address: ___________________________________________

City/State/Zip: ______________________________________

RFID Identification Ear Tag Number | Breed | Gender | State of Origin
---------------------------------|-------|--------|-------------------
1.                                |       |        |                   
2.                                |       |        |                   
3.                                |       |        |                   
4.                                |       |        |                   
5.                                |       |        |                   
6.                                |       |        |                   
7.                                |       |        |                   
8.                                |       |        |                   
9.                                |       |        |                   
10.                               |       |        |                   

Exhibitor Signature: ___________________________ Date: ______  Exhibitor Signature: ___________________________ Date: ______

Exhibitor Signature: ___________________________ Date: ______  Exhibitor Signature: ___________________________ Date: ______

Exhibitor Signature: ___________________________ Date: ______  Exhibitor Signature: ___________________________ Date: ______

Parent Signature: ______________________________ Date: __________

White – send to  Calumet County UW-Extension Office
206 Court Street, Chilton, WI 53014
(connie.leonhard@ces.uwex.edu)

Postmarked or e-mailed by May 15, 2015

Yellow – Exhibitor Copy – Retain this copy for your records