

# ALL LIVESTOCK IS ENTERED AS OPEN

## 2022 Northumberland County Fair Animal Registration



For Office Use:
Rec: <input style="width: 100%;" type="text"/>
Paid: <input style="width: 100%;" type="text"/>
Bal: <input style="width: 100%;" type="text"/>

Exhibitor Number \_\_\_\_\_

Name: \_\_\_\_\_  
last
First
Initial

Address: \_\_\_\_\_  
City/State/Zip

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_  
we do NOT share your information with anyone

Birthdate \_\_\_\_\_ sex: M  F  Grade in School: \_\_\_\_\_

School \_\_\_\_\_ Club \_\_\_\_\_

Department	Section	Class	Animal Name	Breed	Age	Description/ Animal ID Number/Tattoo

How many pens will you need? \_\_\_\_\_

**NOTE TO EXHIBITORS:  
 IF YOU WIN A BLUE RIBBON WE ASK THAT YOU MAKE YOURSELF AVAILABLE  
 DURING THE FAIR TO ANSWER QUESTIONS ABOUT YOUR ENTRY**

I AM AVAILABLE TO ANSWER QUESTIONS ABOUT MY ENTRY IF I WIN A BLUE RIBBON: DAY \_\_\_\_\_ TIME \_\_\_\_\_

Entries received after August 5, 2022 are LATE ENTRIES  
 Please print out form, complete & mail with appropriate entry fees to:  
 Northumberland County Fair, 14 Gravel Lane, Sunbury, PA 17801  
 Questions? Call 570-286-1975 or 570-286-9954  
[www.NoCoFair.com](http://www.NoCoFair.com)

# *Animal Owner or Caretaker's Verification of Veterinarian/Client/Patient Relationship*

For animal species that do not have a Certificate of Veterinary Inspection (health certificate) requirement, the following Animal Owner or Caretaker's Verification of Veterinarian-Client-Patient Relationship (VCPR) statement for the animals being exhibited must be included with a signature line on the fair registration form: *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 animals I will be exhibiting.*

I, the undersigned, hereby verify the following:

1. I am the owner/caretaker (circle either or both, as applicable) of the animal(s) identified as follows:

_____	_____
_____	_____
_____	_____
_____	_____

2. I have an established and ongoing "veterinarian-client-patient relationship" for the animal(s) described in the preceding paragraph with (print name), a licensed practitioner of veterinary medicine having the following business address:

3. I understand this ongoing "veterinarian/client/patient relationship" to be a relationship in which the veterinarian named in 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 and/caretaker of the animal(s), have agreed to follow the instructions of the veterinarian in relation to zoonotic diseases.

I verify the foregoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa. C.S.A. 4904 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this verification below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NORTHUMBERLAND  
COUNTY FAIR**  
3920 State Route 890  
Sunbury, Pa 17801