

ALL LIVESTOCK IS ENTERED AS OPEN

2023 Northumberland County Fair Animal Registration



For Office Use:

| | |
|-------|--|
| Rec: | |
| Paid: | |
| Bal: | |

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 |
|------------|---------|-------|-------------|-------|-----|--------------------------------------|
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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 4, 2023 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

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.

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|-------|
| _____ |
| _____ |
| _____ |


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