## **ANIMAL CHECK-IN RECORD**

Event Name: Newaygo County Agricultu	ural Fair,	August 3-10 Yea	r: <u>2024</u>
County: <u>Newaygo</u>			
Species:			
Exhibitor Name (First and Last)			
Street Address	City	State	ZIP
For Minors, Parent / Guardian Name	L		
Phone of Exhibitor (or Parent / Guardian)	Email Address of Exhib	itor (or Parent / Guardian)	
Identification Number / RFID Number		Age of Ani	mal

Staff Name:	Date:	
	Duic	

## Submit record to the Michigan Department of Agriculture and Rural Development upon request.

Please complete as many of the boxes as possible. Not all species require an ID Number or an RFID. For species that do not require the ID, please enter the name of the animal.

This form is required for disease and illness tracking purposes in the case of an outbreak. This form will be kept on record in the Newaygo County Agricultural Fair office for 12 months from the date at the top of this form.