

Animal Owner or Caretaker's Verification of Veterinarian-Client-Patient Relationship

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 by ear tag, tattoo, leg band, etc. - all animals except for llamas, poultry, and rabbits - you may attach a **copy** of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement. Llamas, poultry, and rabbits do not need a CVI but need to be identified on this form. Use additional sheets as necessary. This form may be reproduced.

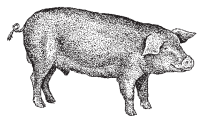
ANIMAL ID <small>[i.e. ear tag, tattoo, leg band, brand]</small>	REGISTRATION NAME OR DESCRIPTION

2. I have established an 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 judgments 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/or caretaker of the animal(s), have agreed to follow the instructions of the veterinarian in relation to zoonotic diseases.

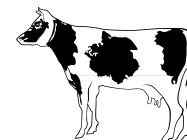
I verify the foregoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa.C.S.A. § 4904 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this verification below.

Signature of Owner/Caretaker Date Printed Name of Owner/Caretaker

Address of Owner/Caretaker



Ephrata Fair Animal Entry Form



(To Be Used For Dairy, Beef, Goats & Swine ONLY)

Mail To Chairperson By September 13th

Entry Fee (Payable to Ephrata Fair at time of entry) \$2.00 Per Head

Name _____ Birth Date _____

Address _____ Phone _____

City _____ Zip _____

Parent's Name _____

Department	Class	Number Of Animals	Description

TOTAL NUMBER OF ENTRIES _____