

## Animal Owner or Caretaker's Verification of Veterinary-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 - your may attach a copy of the "Certificate or 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.

Animal I.D. (ear tag, tattoo, leg band, brand)	Registration Name or Description

2.) I have an established 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.

X \_\_\_\_\_  
Signature of Owner/Caretaker                      Date                      Printed Name of Owner/Caretaker                      Address of Owner/Caretaker

### PRE-ENTRY NOTICE TO ALL EXHIBITORS

**All Livestock Entrants must fill out this side of entry form, then sign and date below or entries will not be accepted!**

I \_\_\_\_\_ as an exhibitor of this Transfer Harvest Home Fair, agree to abide by all of the Rules and Regulations set forth by the Transfer Harvest Home Fair and Department Superintendents.

I am in complete understanding that the Transfer Harvest Home Fair and its Superintendents reserve the final and absolute right to interpret these Rules and Regulations and will settle all matters of this Show.

The Transfer Harvest Home Association and its Superintendents reserve all rights to accept or reject entirely, partially or conditionally any entry. The Transfer Harvest Home Association and its Superintendents reserve the right to inspect any or all entries for proper Registration, Health Papers or Project Books that apply to 4-H or F.F.A.

I am aware of the fact that the Transfer Harvest Home Association will NOT tolerate any problems such as:

- 1.) Disrespect towards other exhibitors, their entries and/or their equipment.
- 2.) Inhumane treatment of livestock.
- 3.) Outbursts of vulgarity or public display of anger.
- 4.) Unsportsmanlike conduct.
- 5.) Disrespect towards Spectators and/or Fair Officials.

I understand that if at any time I, or an agent representing my entries, am in violation of any of these Rules and Regulations stated above or throughout the Fair Book, that I will be asked to immediately remove my exhibit(s) and forfeit any and all premiums won.

Any exhibitor wishing to make a protest shall lodge such protest in writing directed to the Fair Board within 24 hours of the cause of protest. The Protest must be based on a violation of rules. No protest will be considered by the Fair Board unless accompanied by a deposit of \$100 in cash, certified check or money order. This deposit will be forfeited if the protest is not sustained. Protest will be adjudicated by the Fair Board.

X \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Exhibitor Signature                      Date                      Exhibitor Name (please print)                      Exhibitor Phone Number

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address                      City                      State                      Zip Code                      Social Security Number