

BORN & RAISED MARKET LAMB APPLICATION
Please turn in form at Tag-In or to the Extension Office before Tag-in
EXHIBITOR INFORMATION

EXHIBITOR NAME: _____

ADDRESS: _____

PHONE: _____ **DATE LAMB PURCHASED:** _____

VET NAME: _____

BREEDER INFORMATION

BREEDER'S NAME: _____

ADDRESS: _____

PHONE: _____

MOTHER EWE'S VETERINARIAN: _____

BREEDER SIGNATURE: _____

BY SIGNING THIS APPLICATION I STATE THAT THE LAMB LISTED ABOVE WAS IN FACT BORN IN FULTON COUNTY.

LAMB INFORMATION

DOB: _____ **BREED:** _____

SIRE: _____ **DAM:** _____

LAMBING LOCATION ADDRESS: _____

SCRAPIE TAG # (required): _____

ANY OTHER TAG # (if have): _____

BY SIGNING THIS APPLICATION I STATE THAT THE LAMB LISTED ABOVE WAS IN FACT BORN IN FULTON COUNTY AND HAS BEEN RASIED, FED, AND HOUSED IN FULTON COUNTY SINCE THE LAMB'S DATE OF BIRTH. I UNDERSTAND THAT VIOLATING THIS RULE WILL LEAD TO DISQULAIFICATION FROM THE BORN AND RAISED MARKET LAMB SHOW.

EXHIBITOR: _____ **DATE:** _____