

ANIMAL CHECK-IN RECORD

Event Name: Newaygo County Agricultural Fair, August 2-9 Year: 2025

County: Newaygo

Species: _____

Exhibitor Name (First and Last)			
Street Address	City	State	ZIP
For Minors, Parent / Guardian Name			
Phone of Exhibitor (or Parent / Guardian)	Email Address of Exhibitor (or Parent / Guardian)		
Identification Number / RFID Number		Age of Animal	

Staff Name: _____ Date: _____

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.