Livestock Weigh-In Form

Participants Name: ___________________ DOB: ___________________ Phone No: ___________________

Address: ____________________________ City: ___________________ State: __ Zip Code: __________

Email: _____________________________ Club/Organization: ________________________________

Primary Animal:

Animal Type (steer, goat, sheep, swine etc.): ______________________________________________

Animal Class (market, dairy etc.): _______________________________________________________

Breed: ______________________________________________________________________________

Date of Birth: _________________________________________________________________________

Weight: ___________________ Date of Weight: _______________ Sex: __________________________

Breeder’s Information: __________________________________________________________________

Ear Tag Number: _______________________________________________________________________

Scrapie Tag (if applicable): __________________________________________________________________

Alternate(s):

Animal Type (steer, goat, sheep, swine etc.): ______________________________________________

Animal Class:__________________________________________________________________________

Breed: ______________________________________________________________________________

Date of Birth: _________________________________________________________________________

Weight: ___________________ Sex: __________________________________________________________

Breeder’s Information: __________________________________________________________________

Ear Tag Number: _______________________________________________________________________

Scrapie Tag (if applicable): __________________________________________________________________

It is the responsibility of the 4H or FFA member to provide and participate in the care, housing, feeding and training of the animal prior to fair. Please briefly describe your feeding and care plan for the animal:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(If registering more than two – pigs and lambs only- animals, use an additional form and fill out only the participant’s name, club/organization and alternate section for the third animal). If you have any questions please feel free to contact Jeffrey Chilson via the below email address (jeffrey.chilson@montana.edu) or by phone: (406) 787-5312.