

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.