Day Co Fair Health Information Form

Inspection Date: _____

Family/Exhibitor Name: _____

Address: _____

Phone: _____

Webster Vet Clinic
1400 E 7th Street
Webster, SD
Phone: 605-345-4817

Statements:

Day County Fairgrounds
520 W 1st Ave.
Webster, SD

Animal ID	Animal Type	Animal Age	Animal Sex	Veterinary Inspection

☐ *I will be attending the State Fair.*

Owner/Exhibitor Signature (by signing you are verifying that to your knowledge the animal is in good health): _____

Veterinary Signature: _____