

# EAR TAG REPLACEMENT FORM

This form is to be utilized by the **County-Level State Validation Chairperson** for state validation tag replacements within the county. A separate replacement form must be completed and submitted for each lost tag.

**A DNA sample MUST be mailed for each animal that is retagged.**

Validation tags CANNOT be transferred from county to county.

COUNTY NAME: _____	COUNTY NUMBER: _____	DATE: _____
EXHIBITOR'S NAME(S): _____		
(LAST)	(FIRST)	(MI)
ADDRESS: _____		
CITY: _____	ZIP: _____	
PHONE: (_____) _____		
ORIGINAL VAL TAG #: _____		
REPLACEMENT VAL TAG #: _____		
STEER COLOR: _____		

EXHIBITOR(S) SIGNATURE: \_\_\_\_\_

AST/CEA SIGNATURE: \_\_\_\_\_

VALIDATION CHAIR SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Ear Tag Replacement Forms must be completed and emailed to:

F qwlg" I qgdgn  
[fwlglqgdgrBci0co.wgf.w](mailto:fwlglqgdgrBci0co.wgf.w)

DNA samples must be MAILED to:

Texas Uggg 'cpf 'J gllgt 'Xcrlf cvkqp  
Attn: Dottie Goebel  
Texas 4-H Headquarters  
2473 TAMU  
College Station, TX 77843-2473

## FOR OFFICE USE ONLY

Date Form Received: \_\_\_\_\_ Date Processed and Entered: \_\_\_\_\_

Date DNA Received: \_\_\_\_\_