

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 #: _____

HEIFER TATTOO: _____

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
[f qwlgf@gdgriB.ci0co.w0gf.w](mailto:fqwlgf@gdgriB.ci0co.w0gf.w)

DNA samples must be MAILED to:

Texas Uggf '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: _____