TEXAS LIVESTOCK VALIDATION

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: _____ **OR** **STEER COLOR:** _____

EXHIBITOR(S) SIGNATURE: _____

AST/CEA SIGNATURE: _____

VALIDATION CHAIR SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

Ear Tag Replacement Forms must be completed and emailed to:

Dottie Goebel
dottie.goebel@ag.tamu.edu

DNA samples must be MAILED to:
Texas Steer Validation
Attn: Dottie Goebel
Texas 4-H Headquarters
1504 6th Street
Bryan, TX 77807

FOR OFFICE USE ONLY

Date Form Received: _____ **Date Processed and Entered:** _____

Date DNA Received: _____

ATTENTION: Two members of the county validation committee must be present at the time all retags occur