

TATTOO REPLACEMENT FORM

This form is to be utilized by the **County-Level State Validation Chairperson** for tattoos that need to be redone during the feeding period. Market lambs/goats and wether dams/does **MUST** be tattooed with the county number in which they are validated in at the time of physical validation. A separate replacement form must be completed for each family.

TATTOOS MUST BE REDONE AT LEAST THREE WEEKS PRIOR TO THE INTENDED DATE OF SHOW.

COUNTY NAME: _____ COUNTY NUMBER: _____ DATE: _____

EXHIBITOR'S NAME(S): _____
(LAST) (FIRST) (MI)

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: (_____) _____

VALIDATION TAG #: _____ SPECIES: _____

VALIDATION TAG #: _____ SPECIES: _____

VALIDATION TAG #: _____ SPECIES: _____

VALIDATION TAG #: _____ SPECIES: _____

VALIDATION TAG #: _____ SPECIES: _____

REASON FOR RE-TATTOO: _____

EXHIBITOR(S) SIGNATURE: _____

AST/CEA SIGNATURE: _____

VALIDATION CHAIR SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

Tattoo Replacement Forms must be completed and emailed to the respective office:

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