

**Cattle will not be allowed to enter the barns until Vets have cleared them.**

**Cattle will be checked in on Saturday, August 15 from 11 a.m. – 8 p.m., Sunday, August 16 from 8am – 6pm and Monday, August 17 from 8am – 5 pm.**

**Stalling Requests and Day and approximate time of arrival: Day \_ \_ \_ Time \_ \_ \_**

**A SEPARATE ENTRY FROM MUST BE SUBMITTED FOR EACH PERSON/PREMIUM CHECK AND INFORMATION MUST BE ENTERED AS YOU WOULD LIKE THE PREMIUM CHECK MADE OUT  
HEALTH PAPERS AND REGISTRATION PAPERS MUST COME WITH THE ANIMALS  
Dairy Cattle Entry Form (C)  
DELAWARE COUNTY FAIR, Walton, New York**

**NOTE: Read the rules and regulations section for the fair and rules and regulations for the department.** Send all entry forms to Superintendent Jerry Merrill, 27294 State Hwy 206, Downsview, NY 13755, or e-mail to [jmerrill55@gmail.com](mailto:jmerrill55@gmail.com) by July 29, 2020 (Postmarked or Date Stamped) "I hereby authorize you to enter the following exhibits in my name to compete according to the rules and regulations outlined in the fair book"

Name \_ \_ \_ Address \_ \_ \_

City \_ \_ \_ State \_ \_ \_ Zip \_ \_ \_ Phone \_ \_ \_

Email: \_ \_ \_

Breeder Points to: \_ \_ \_ Exhibitor Points to: \_ \_ \_

	<b>Breed Class</b>	<b>Milking Parlor Date of Birth</b>	<b>Animal Name Sire Name information must be entered exactly as it appears on registration papers</b>	<b>Owner (information must be entered exactly as it appears on registration papers) Breeder (information must be entered exactly as it appears on registration papers)</b>
<b>1</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
<b>2</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
<b>3</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS :	DOB:	Sire:	B:

	<b>Breed Class</b>	<b>Milking Parlor Date of Birth</b>	<b>Animal Name Sire Name</b> information must be entered exactly as it appears on registration papers	<b>Owner (information must be entered exactly as it appears on registration papers)</b> <b>Breeder (information must be entered exactly as it appears on registration papers)</b>
<b>4</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
<b>5</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
<b>6</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
<b>7</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
<b>8</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
<b>9</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
<b>10</b>	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:

11	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
12	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
13	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
14	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
15	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:

16	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
17	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
18	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
19	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:

Breed Class		Milking Parlor Date of Birth	Animal Name Sire Name information must be entered exactly as it appears on registration papers	Owner (information must be entered exactly as it appears on registration papers) Breeder (information must be entered exactly as it appears on registration papers)
20	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
21	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
22	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
23	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
24	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B: