



Indiana Exhibition Notification

Exhibition Information

please type or print legibly

Exhibition start date _____ End date _____ Premise ID _____

Exhibition name _____

Exhibition address _____

City _____ State _____ Zip _____ County _____

Terminal Show? Yes No Organized auction following show? Yes No

Species present:

Dairy Cattle Swine Sheep Captive Cervids

Beef Cattle Poultry Goats Other _____

Primary Contact Information

Primary Contact name _____

Primary Contact address _____

City _____ State _____ Zip _____ County _____

Phone number _____ (Home Business Cell)

Phone number _____ (Home Business Cell)

Record Keeper Information

Record Keeper name _____

Record Keeper address _____

City _____ State _____ Zip _____ County _____

Phone number _____ (Home Business Cell)

Phone number _____ (Home Business Cell)

Veterinarian Information

Veterinarian present during show? Yes No *If yes, please complete the following:*

Veterinarian name _____

Veterinarian address _____

City _____ State _____ Zip _____ County _____

Phone number _____ (Home Business Cell)

Phone number _____ (Home Business Cell)

Please complete and return no later than 10 day prior to exhibition

Return forms to: Indiana State Board of Animal Health

1202 E. 38th St., Discovery Hall, Suite 100; Indianapolis, IN 46205-2898

For questions, contact BOAH support: Phone: 317-544-2381 or email: animalhealth@boah.in.gov