Indiana Exhibition Notification

Exhibition Information
*Required
*Exhibition start date ____________ End date ____________ Premises ID ____________
*Exhibition name ____________________________
*Exhibition address (number and street) (city) IN (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 (number and street) (city) (state) (zip)

*Phone number _______________ ( ☐ Home ☐ Business ☐ Cell )
Phone number _______________ ( ☐ Home ☐ Business ☐ Cell )

Record Keeper Information
Records must include: each participant's name and address and species exhibited. If an animal is sold as part of the exhibition, the name and address of the purchaser must be recorded. Records must be kept for two years and made available to BOAH animal health officials upon request.

*Record Keeper name__________________________
Record Keeper address (number and street) (city) (state) (zip)

*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 (number and street) (city) (state) (zip)

Phone number _______________ ( ☐ Home ☐ Business ☐ Cell )
Phone number _______________ ( ☐ Home ☐ Business ☐ Cell )

Please complete and return no later than 10 days 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: animalid@boah.in.gov