



Indiana Exhibition Notification

Exhibition Information

**Required*

*Exhibition start date _____ End date _____ Premises ID _____

*Exhibition name _____

*Exhibition address _____ IN _____
(number and street) (city) (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 participants 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