

## Cass County Fair BEEF FEEDER VALIDATION FORM

Name:								
Address:					·	Project Location — address where validated animals are housed:		
City/State/Zip:					N	Name:		
Phone:					Α	ddress:		
Age on Jan. 1 Email:					C	City/State/Zip:		
Club:								
of the 2. All Ma officia 3. All Be	eef Feeder cattle mu current calendar y arket Beef must be al numbered ear ta eef Feeder Cattle m	rear. brought to g ID inserte n <b>ust be de</b> l	o the Cass Cou ed on the first norned and ca	unty Fairgrounds wi Saturday of May (1 astrated prior to val	th completed Beef Feer 1:00 a.m. – 1:00 p.m.), lidation.	er Validation Form, be weighed	Dear tag inserted in left ear, no later than May 2 , enroll in the rate-of-gain contest, and have order to be able to exhibit at the Cass County Fa note from the vet.	
Farm	RFID Tag#	Birth	Fair	Weight	Sire	Breed	Other	_
						I		
Tag #	(last 4 digits)	Date	Tag #					
Tag #	(last 4 digits)	Date	Tag #					
Tag #	(last 4 digits)	Date	Tag #					
Tag #	(last 4 digits)	Date	Tag #				·	_
Tag #	(last 4 digits)	Date	Tag #					
Tag #	(last 4 digits)	Date	Tag #					
	ntering this exhib	it, I certify	/ that I have				lles and Cass County Fair Livestock Exhibito fore May 1 of the current year.	
With er	ntering this exhib Rules, and t	it, I certify	/ that I have bove Beef F		owned by me and we		lles and Cass County Fair Livestock Exhibito	
With er	ntering this exhib Rules, and t	it, I certify	/ that I have bove Beef F	eeder Cattle are o	owned by me and we	e in my possession on or be	lles and Cass County Fair Livestock Exhibito	

CCF04/16