

# Trailing-In Request Form

## FOR CHRONIC MEDICAL REASON ONLY

1. Trailing-In Request form must be turned in on or before June 9, 2017, to the Dane County Fair Office, 3310 Latham Drive, Madison, WI 53713.
2. Trailing-In Request Form must be completed and signed by a Wisconsin certified Veterinarian who is currently practicing in the Dane County area.
3. **Copy of negative Coggins must accompany the Trailing-In Request Form.**
4. One animal, one exhibitor per form.
5. If this request is approved, both the exhibitor and animal (either by vet check or intra/inter-state vet certificate) must be checked in on Tuesday the week of the Fair between the hours of 12-8 pm.
6. All exhibitors trailing-in must abide by the trailing-in rules provided at the time of approval.

### **All information must be filled in or the form will be returned.**

Exhibitor's Name: \_\_\_\_\_ Grade as of Jan 1: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Club Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Horse/Pony Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Horse/Pony Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Animal information:**

Is this animal living at the same address as above: YES or NO. If no, continue below

Name of stable or farm: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Veterinarian performing Veterinarian inspection: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Veterinarian visit: \_\_\_\_\_

**To be filled out by a Wisconsin certified Veterinarian only**

Detail the reason for Request:

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If more lines are needed please attach separate sheet of paper

**By signing this form, I** \_\_\_\_\_ **have examined**  
VETERINARIAN FIRST NAME LAST NAME

**this animal who has been under my care since** \_\_\_\_\_ **.**  
MONTH DATE YEAR

**I believe that having** \_\_\_\_\_ **stalled at the Dane County**  
HORSE'S NAME

**Fair for five days will be detrimental to this horse's well-being.**

**Print Veterinarian Name:** \_\_\_\_\_

**Veterinarian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

This form must have a copy of the current negative Coggins (EIA) test for this animal attached, and be signed by a Wisconsin certified Veterinarian who is currently practicing in the Dane County area.

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**Office use only:**

Date received: \_\_\_\_\_ by whom: \_\_\_\_\_

Superintendents reviewed on: \_\_\_\_\_ Approved Denied

Written notice of acceptance or denial sent on: \_\_\_\_\_ by the Dept. 6 Superintendents