

**4-H PET SHOW ENTRY**  
**THE MONTGOMERY COUNTY AGRICULTURAL FAIR**

16 CHESTNUT STREET, GAITHERSBURG, MD 20877

Name: \_\_\_\_\_ Exhibitor #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

4-H Age: \_\_\_\_\_ (as of January 1) DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I have read, understand and agree to abide by all the rules and regulations published in the Montgomery County Agricultural Fair Premium Catalog. I also agree that I will not hold the Montgomery County Agricultural Fair liable for any accidents or injury, which may occur while participating in the Fair.

I have read the rules and expectations for participation in the MCAC fair and promise to support and practice humane treatment of animals at all times.

Exhibitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: USE ONE ENTRY FORM PER EXHIBITOR, ONE PER ANIMAL THAT HAS A RABIES VACCINATION, AND ONE LINE PER CLASS.**

Name of Animal: \_\_\_\_\_

Health Certificate date: \_\_\_\_\_

(certificate must be attached)

Vet's Name: \_\_\_\_\_

**Office Use Only**

Received: \_\_\_\_\_

Tally: \_\_\_\_\_

Letter: \_\_\_\_\_

Comp.: \_\_\_\_\_

Passes: \_\_\_\_\_

**Absolutely NO entries will be accepted after July 20, 2021.**

**Use certified mail and print a receipt if using online entry.**

**Rabies Vaccination**

Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

**Current Health Records:  
Rabies Information must be shown the day of show.**

**ALL ENTRIES ARE FOR DEPARTMENT 16 ONLY—one form per exhibitor**

Division	Class	Name of Animal and Class Description

