

2019 PERMISSION TO TREAT FORM
(One Form Per Exhibitor)

Return to the Paperwork Tents during Junior Fair Office Check-in

Last Name: _____ **First Name:** _____

Cell Phone _____ Phone Number _____

Parent or Guardian: _____

Address _____

Advisors Name: _____

4-H Club: _____ School: _____

All livestock animals are in my care until 9:00 PM the final day of the Fair. This includes feeding, watering, and **health care**. With Market Feeders, if the buyer requests special preventative health care, then the buyer will be financially responsible for this treatment.

Parent Initials: _____ Youth Initials: _____

Animal(s) Exhibiting: Circle All That Apply:

Market Beef	Market Swine	Market Lamb	Carcass Lamb	
Market Feeder	Horse	Poultry	Rabbit	Llama
Pocket Pet	Goats	Other: _____		

In case of emergency, I, (parent or guardian) _____ **do hereby agree and authorize** any or all Mahoning County Junior Fair Committee members to request veterinary care for my child's project animal(s) at the Mahoning County Fair. I understand that the committee will make every attempt to notify me of the need for such examination or treatment, but in the event I am unavailable, I authorize the committee to make the decision to request Veterinary care based on their observations.

I also authorize Lisbon Veterinary Clinic, designated Fair Veterinarian, to examine and treat the listed animals as needed. In addition, I understand there will be a charge for Veterinary care and take responsibility for such charges. Finally, I understand that the animal(s) listed are my responsibility.

Member Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

In case of emergency, I, (parent or guardian) _____ **do not wish** to use the Canfield Fair Veterinarian, and understand that it is my responsibility to contact my own veterinarian of choice and provide medical care for my animal. I have provided phone numbers where I can be reached anytime of the day and evening. **If I cannot be reached, I understand the committee reserves the right to take the necessary measures to provide care for my animal(s), and I will be responsible for the veterinary fees charged.**

Member Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____