

Cass County Fair Swine Flu Exempt Form

Exhibitor Name: _____

Official Animal ID

Fair Tag #

Breeder Information:

Name: _____

Address: _____

Vaccine Given: _____

Vaccine Administration Date(s): _____

Breeder Signature: _____

Parent or Legal Guardian Signature: _____

by the Cass County Fair. Furthermore, you acknowledge that your hogs will not be receiving a swine flu vaccine during the valida*on process.