## **Swine Exhibition Declaration**

Exhibito	r Name:							
Address:				State: Z		Zip:		
Phone #: E-Mail:								
Driver's	License	(Stat	ee & #):					
Vehicle 2	License	Plate	(State & #):				<u> </u>	
Animal II	) & Swin	e Infor	mation:		_			
	ID:		Producer Na	me:	Born in State Y/N	Ever in Other State Which?	Last Event & Wl	nen
YES	NO	Declarations						
		All swine brought to me, entered by me, or under my care to/at this event are properly identified and accurately listed above? (i.e State Fair tag, swine USDA metal tag or registration earnotch / flank tattoo)						
		In the 60 days prior to this event, none of the swine listed above have been exposed to or diagnosed with SECD.						o or
		In the 30 days prior to this event, none of the swine listed above have shown any clinical signs of SECD (diarrhea, fever, depression, off feed) or been exposed to any swine with clinical signs unless the swine showing signs were examined by a veterinarian and cleared as non-SECD.						
		In the 30 days prior to this event, none of the swine listed above have been on any premise known to have SECD in the past year unless cleared by the state vet.						
		The above listed swine have not been in attendance at any event in the past 30 days outside this state that does not minimize risk of SECD in swine through requiring the signing and submission of a declaration that meets or exceeds the standards of the declaration.						
*A copy of the "bill of sale" for all swine listed above should accompany this declaration.								
Date:	e: Signature:							