

Trailer-In Request Form

FOR CHRONIC MEDICAL REASON ONLY

1. Trailer-In Request form must be turned in on or before July 13, 2025, to the Dane County Fair Office, PO Box 287, Oregon, WI 53575 or scan/email to info@danecountyfair.com.
2. Trailer-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 Trailer-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 Wednesday the week of the Fair between the hours of 12-8 pm.
6. All exhibitors trailer-in must abide by the trailer-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:

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 four 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.

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