

Trailing-In Request Form

FOR CHRONIC MEDICAL REASON ONLY

1. Trailing-In Request form must be turned in on or before July 10, 2026, to the Dane County Fair Office, PO Box 930385, Verona, WI 53593 or scan/email to entries.danecountyfair@gmail.com
2. Trailing-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 Trailing-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 trailing-in must abide by the trailing-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: _____

