

# 2021 SWINE EXHIBITION DECLARATION

Exhibitor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## ANIMAL ID & SWINE INFORMATION

RFID Tag #	Producer Name:	Born in WY Y/N	List State(s) Swine have been in	Last Event & Date

### YES NO DECLARATION

<input type="checkbox"/>	<input type="checkbox"/>	All swine brought by me, entered by me, and under my care to/at this event are properly identified and accurately listed above?
<input type="checkbox"/>	<input type="checkbox"/>	In the 60 days prior to this event, have the swine listed above been exposed to or diagnosed with SECD?
<input type="checkbox"/>	<input type="checkbox"/>	In the 30 days prior to this event, have the swine listed above shown clinical signs of SECD (diarrhea, fever, depression, off feed) or been exposed to any swine with clinical signs?
<input type="checkbox"/>	<input type="checkbox"/>	If so, have the swine showing signs been examined by a veterinarian and cleared as non-SECD?
<input type="checkbox"/>	<input type="checkbox"/>	In the 30 days prior to this event, have the swine listed above been on any premise known to have SECD in the past year?
<input type="checkbox"/>	<input type="checkbox"/>	If so, have those premises been cleared by the state vet?
<input type="checkbox"/>	<input type="checkbox"/>	Have the above listed swine been in attendance at any event in the past 30 days outside the state of Wyoming 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 this declaration?
If so, please note when and where: _____ _____ _____		