

# Swine Exhibition Declaration

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

**Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Producer Info** \_\_\_\_\_

## Animal ID & Swine Information

| RFID Tag # | Animal Description | Last Event(s) & Date |
|------------|--------------------|----------------------|
|            |                    |                      |
|            |                    |                      |
|            |                    |                      |
|            |                    |                      |

| YES | NO | Declaration   |
|-----|----|---|
|     |    | All swine brought by me, entered by me, and under my care to/at this event are properly identified and accurately listed above?<br><br>In the 60 days prior to this event, have the swine listed above been exposed to or diagnosed with SECD?  |
|     |    | 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?<br>If so, have the swine showing signs been examined by a veterinarian and cleared as non-SECD?                              |
|     |    | 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?<br>If so, have those premises been cleared by the state vet?   |
|     |    | 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. |

**Signature of Exhibitor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_