

EAR TAG REPLACEMENT FORM

This form is to be utilized by the **County-Level State Validation Chairperson** for state validation tag replacements within the county. A separate replacement form must be completed and submitted for each lost tag.

A DNA sample MUST be mailed for each animal that is retagged.

Validation tags CANNOT be transferred from county to county.

COUNTY NAME: _____ COUNTY NUMBER: _____ DATE: _____

EXHIBITOR'S NAME(S): _____
(LAST) (FIRST) (MI)

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: (_____) _____

ORIGINAL VAL TAG #: _____ SPECIES: _____

REPLACEMENT VAL TAG #: _____

** Please be sure to include a nose print
when replacing ear tags in sheep. **

EXHIBITOR(S) SIGNATURE: _____

AST/CEA SIGNATURE: _____

VALIDATION CHAIR SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

Ear Tag Replacement Forms must be completed and emailed to:

Joleen Frost
Joleen.frost@ag.tamu.edu
Texas Sheep and Goat Validation Program
Tel. 325.657.7322

DNA samples must be MAILED to:

Texas Sheep and Goat Validation
Attn: Joleen Frost
7887 US HWY 87 N
San Angelo, TX 76901-9714

FOR OFFICE USE ONLY

Date Form Received: _____ Date Processed and Entered: _____

Date DNA Received: _____