

TATTOO REPLACEMENT FORM

This form is to be utilized by the **County-Level State Validation Chairperson** for tattoos that need to be redone during the feeding period. Market lambs/goats, wether dams/does, and steers **MUST** be tattooed with the county number in which they are validated in at the time of physical validation. A separate replacement form must be completed for each family.

TATTOOS MUST BE REDONE AT LEAST THREE WEEKS PRIOR TO THE INTENDED DATE OF SHOW.

COUNTY NAME: _____	COUNTY NUMBER: _____	DATE: _____
EXHIBITOR'S NAME(S): _____		
(LAST)	(FIRST)	(MI)
ADDRESS: _____		
CITY: _____	ZIP: _____	
PHONE: (_____) _____		
VALIDATION TAG #: _____	SPECIES: _____	
VALIDATION TAG #: _____	SPECIES: _____	
VALIDATION TAG #: _____	SPECIES: _____	
VALIDATION TAG #: _____	SPECIES: _____	
VALIDATION TAG #: _____	SPECIES: _____	
REASON FOR RE-TATTOO: _____		

EXHIBITOR(S) SIGNATURE: _____

AST/CEA SIGNATURE: _____

VALIDATION CHAIR SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

Tattoo Replacement Forms must be completed and emailed to the respective office:

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