



TEXAS SHEEP AND GOAT VALIDATION CHANGE OF COUNTY REQUEST FORM

Exhibitor Name(s): _____

Original County: _____ New County: _____

Reason for Changing County: _____

Name of Parent or Legal Guardian: _____

Phone Number of Parent or Legal Guardian: _____

Original Physical Address where livestock were cared for by Exhibitor:

Address: _____ City: _____ Zip: _____

New Physical Address where livestock will be cared for by Exhibitor:

Address: _____ City: _____ Zip: _____

By signing this document, I agree that all of the information above is correct to the best of my knowledge.

Exhibitor(s) Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Supervising CEA/AST in Original County:

Name: _____ Signature: _____ Date: _____

Supervising CEA/AST in New County:

Name: _____ Signature: _____ Date: _____

County-Level State Sheep/Goat Validation Chairperson in New County:

Name: _____ Signature: _____ Date: _____

District Extension Administrator of New County:

Name: _____ Signature: _____ Date: _____