

Entries CLOSE Friday 3rd May at 4pm

DAIRY (5) GOAT ENTRY FORM

HDAA PIC - NC 464 601

Please complete & return with indemnity, Goat Health Declarations & entry fee to: **The Secretary, HDAA, P O Box 382, Richmond NSW 2753**

BREED.....**EXHIBITOR NAME** (Mr/Mrs/Miss/Ms) **EXHIBITOR PIC**

ADDRESS

Email..... **P/C** **PHONE**

Class	Name of Exhibit	Tattoo/Tag	DOB	Fee

Professional Breeder/Exhibitor ABN **Entries will not be accepted unless all details are complete & waivers signed** **TOTAL \$**

Date of arrival	From PIC	Exhibitor's Name	No. head	NVD/TSS No.	Other PICs on tags/NVD	Vendor bred (Y/N)?	Time owned?	Date of departure	NVD/TSS No.	To PIC

Signature Credit Card _____ / _____ / _____ Exp _____ / _____ CCV _____