



TO: Dennis M. Summers, D.V.M., State Veterinarian

FROM:

Exhibition Name _____

Mailing address where approval letter should be directed

Fair Secretary/Manager Signature Date

**We are requesting the following veterinarian(s) for consideration and approval (please print or type):
DO NOT LIST A CLINIC OR VETERINARY ASSOCIATION.**

Name of veterinarian	Ohio License #	Mailing address:
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Email address of PRIMARY veterinarian is required: _____

Submit this form at least TWENTY (20) DAYS PRIOR to the opening date of the exhibition to:

**Ohio Department of Agriculture
Division of Animal Health
8995 E. Main Street
Reynoldsburg, OH 43068**

**Phone: 614-728-6220
Fax: 614-728-6310
E-mail: cindy.bodie@agri.ohio.gov**

