



APPLICATION FOR REGISTERED SWINE EXHIBITION

Sponsor of Exhibition: _____

Exhibition Name: _____

Exhibition Address: _____

(Physical location, no mailing addresses)

City: _____ State: _____ Zip: _____

Exhibition Premises ID: _____

Exhibition Phone #: _____ Exhibition Email Address: _____

(if available)

Veterinarian Name: _____

Veterinarian Address: _____

City: _____ State: _____ Zip: _____

Veterinarian Phone #: _____ Veterinarian Email Address: _____

(if available)

Date(s) of Exhibition: _____

Sponsor must electronically file the approved registration form and obtain approval from the state veterinarian at least 30 days before the event and submit to the department [the approved report form](#) within five business days after the conclusion of the exhibition.

Email completed form to: Exhibitions@iowaagriculture.gov

By signing this application, I agree the information provided on this application is true and accurate under penalty, and agree to comply with all requirements for swine exhibition, including:

- Iowa Administrative Code § 21—64: [INFECTIOUS AND CONTAGIOUS DISEASES](#)
- Iowa Administrative Code § 21—65: [ANIMAL AND LIVESTOCK IMPORTATION](#)

Applicant Name: _____

Signature of Applicant: _____

Date: _____

Applicant Email Address: _____

(if available)

Updated: 4/3/2026