



Last Name			First Name(s) (and 4-H Age(s) if 4-H Project) 4-						4-H Club or FFA Chapter Name		County
(Check o	one)	⊐4-H □FFA			F A anim	als MU	EDER CAL ST be record head per me	ded on separ	SHIP AFFIDA ate forms!	AVIT (Rev. 1/13	
4-H ONLY Check Appropriate Box(es) For Show Eligibility					Official 4-H Ear Tag		FFA EID		Official FFA Tag		
County only	Ak-Sar-Ben (DNA sample required)	Breed or Breeds Involved or Description of Animals	Sex	Birth Date	Right	Left	Right	Left	Right	Left	Name and Address of Breeder
		or Chapter Member(s) listed at the top of this form mus	Signature of Parent and Address						This (these) youth has (have) submitted this livestock ownership affidavit-in-accordance-with-all-rules-of-the-state,-county-and-Chapter-4-H or FFA Program and also has (have) successfully completed a Food Animal Quality Assurance program/test for this period.		
			Phone						Date		

Extension Staff or FFA Adviser