



Last Name Fir			First Name(s	) (and 4-H Age(s)	if 4-H Project)	4-H Club or FFA Chapter Name	County	
YQCA# Premise ID								
	NEBRASKA	4-H and F	FFA BREEDIN	G SHEEP OV	VNERSHIP AFFIDA	VIT-COUNTY ONLY (Rev. 3/2025)		
Sex	Breed or Breeds Involved	Date of Birth	Full Scrapie Tag Number		Tattoo	Registration Number of Project Anin	Additional ID Notes on retags, etc.	
+								
Signature of Club or Chapter Member(s) (At least one of those listed at the top of this form must sign.)				Signature of Pa	rent and Address	affidavit in accordance wi 4-H or FFA Program and	ave) submitted this livestock ownership th all rules of the state, county and Chapte also has (have) successfully completed a re of Animals program for this period.	
				Phone			Date	
				Phone				

Extension Staff or FFA Advisor