



Last Name Fi		Fir	st Name(s) (and 4-H Age(s) if 4-H Project)	4-H Club or FFA Chapter Name County			
Premise ID # (Mandatory) Y			QCA or PQA # (Mandatory)				
		NEB	RASKA 4-H and FFA BREEDING	SWINE O	WNER	SHIP AFFIDAVIT-COU	NTY ONLY (Rev. 3/2025)
	Please see local require notches in both ears. Re		otching system for pig numbers.				
Date of Birth	Breed	Visual Ta	g Number/Full 15 Digit EID Number	Left Ear Notch	Right Ear Notch	Registration Number of Project Animal	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 Parent and Address		This (these) youth has (have) submitted this livestock ownership affidavi in accordance with all rules of the state and county 4-H Program and also has (have) successfully completed a Youth for the Quality Care of Animals program for this period.		
			Phone			e	
					Exte	ension Staff or FFA Advisor	