Rev. 2/26

Last Name_____ _____

ALL First Names and 4-H Ages of children that might show these animals.

Mailing Address _____

Street or P.O. Box, Town, State, Zip

_____ _____

Phone Club

ID Sheets must be returned to the Cass County Extension Office no later than June 15

NEBRASKA 4-H DAIRY GOAT IDENTIFICATION AFFIDAVIT

REGISTERED _____ GRADE _____ BREED_____

BRED BY EXHIBITOR: YES _____ NO _____

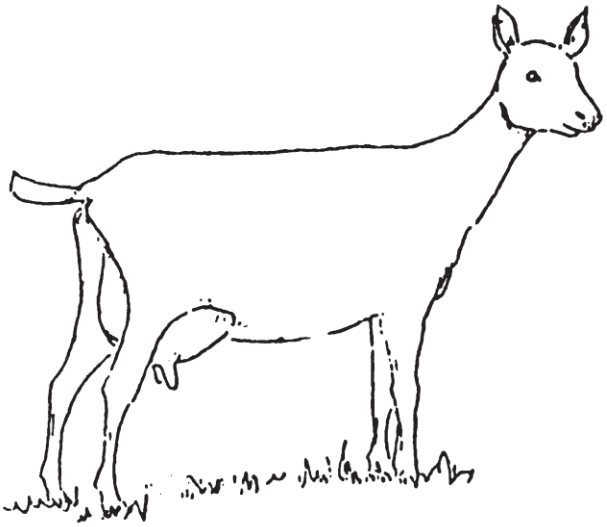
Name of Animal _____ Registry No. _____

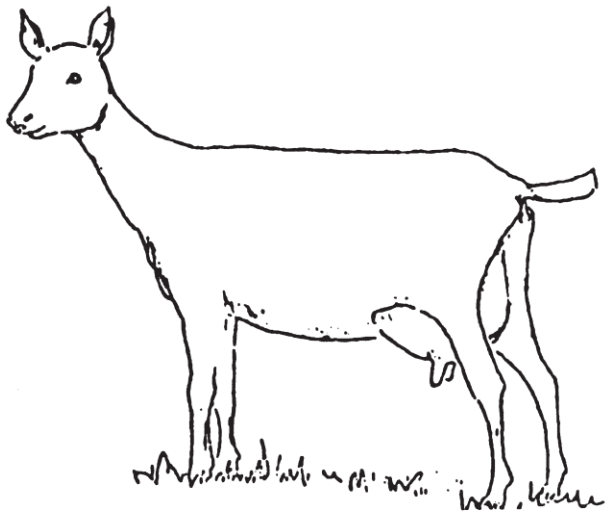
Tattoo or Scrapie Ear Tag No. Right_____Left _____ Date Born _____

Month Day Year

[Need at least one of these forms of ID (tattoo, tag or vaccination tag) for animals without distinct markings.]

Sketch markings and include colors or attach photographs showing both sides of face.





I (we) certify that this is a 4-H project animal this year and that to the best of my (our) knowledge the above information is correct.

Date _____

_____

Signature of 4-H Member(s) (At least one of those listed above must sign.)

_____

Parent
Signature

This (these) youth has (have) submitted this livestock identification affidavit 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.

Date _____