



# 4-H COMPANION GOAT

\_\_\_\_\_  
YQCA#

\_\_\_\_\_  
Year

\_\_\_\_\_  
County

4-H Member's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Club Name \_\_\_\_\_

## NEBRASKA 4-H COMPANION GOAT IDENTIFICATION AFFIDAVIT

Goat Breed \_\_\_\_\_

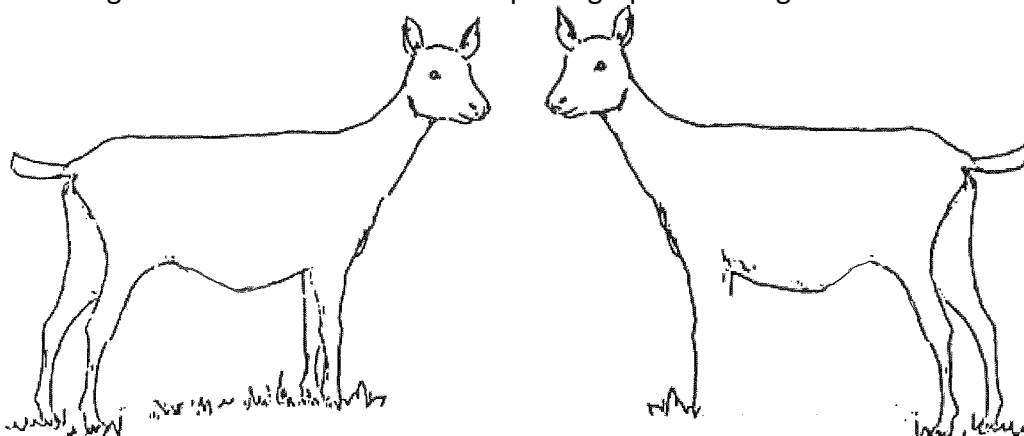
Name of Animal \_\_\_\_\_ Date Goat Born \_\_\_\_\_

Month Day Year

Ear Tag No. \_\_\_\_\_

Signature of Parent and Phone: \_\_\_\_\_

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



### Owner's Affidavit

As owner of the companion goat described above, I certify that

\_\_\_\_\_  
4-H Member Name  
has my permission to use this animal in 4-H projects. I understand the 4-H member must manage (including feeding, grooming, fitting, etc.) and have access to the animal at least 75 percent of the time during the project year.

Date: \_\_\_\_\_

Owner of Goat: \_\_\_\_\_

This (these) youth has (have) submitted this livestock ownership 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 \_\_\_\_\_

\_\_\_\_\_  
Extension Staff Signature