

Last Name

First Name(s) (and 4-H Age(s) if 4-H Project)

4-H Club or FFA Chapter Name

County

BOONE-NANCE 4-H BUCKET CALF OWNERSHIP AFFIDAVIT (Rev. 2019)

Breed or Breeds Involved or Description of Animals	Sex	Birth Date	Official 4-H Ear Tag #		
			Right	Left	Name and Address of Breeder

Signature of Club 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 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.

Date

Phone_____

Premise ID# _____

Extension Staff