



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 or FFA FEEDER CALF OWNERSHIP AFFIDAVIT (Rev. 2019)

Maximum 20 head per member

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

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

Phone _____

Premise ID# _____

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 _____

Extension Staff or FFA Adviser