MARKET GOAT
DOUGLAS-SARPY COUNTIES IDENTIFICATION SHEET
DEADLINE: JUNE 15

Last Name: _________________________  First name(s): _______________________________  Age (Jan 1): _________
PREMISE ID #: ______________________

SEX (M/F)  CIRCLE "RIGHT" or "LEFT"
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT
RIGHT  LEFT

MAXIMUM OF 20 HEAD PER MEMBER

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<th>BREED/DESCRIPTION</th>
<th>SEX (M/F)</th>
<th>OFFICIAL USDA SCRAPIES TAG EX: NE1234-5678 REQUIRED</th>
<th>R</th>
<th>L</th>
<th>ADDITIONAL INFORMATION</th>
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4-H STAFF USE ONLY:

Mailing Address: ____________________________________________________________
Email Address 1: __________________________________________________________
Email Address 2: __________________________________________________________
Phone # 1: ________________________________________________________________
Phone # 2: ________________________________________________________________

4-H Staff Signature: _______________________________________________________

Date Received: ____ /____ /____  Initials: _____
Enrollment complete (June 15): _____Initials: _____
YQCA completed (June 15): _____Initials: _____

Signature of ALL 4-H members: _____________________________________________
Signature of Parent/Guardian: _____________________________________________