



Last Name _____

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

4-H Club or FFA Chapter Name _____

County _____

NEBRASKA 4-H or FFA BUCKET CALF OWNERSHIP AFFIDAVIT (Rev. 1/13)

(Check one) 4-H FFA

| <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>FFA EID</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> | <i>Right</i> | <i>Left</i> | |
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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 _____

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