BREEDING GOAT

JOHNSON COUNTY IDENTIFICATION SHEET (PC 2020)

DEADLINE: JUNE 15

Last Name: _____   First name(s): _____   Age (Jan 1): _____   _____

_____   Age (Jan 1): _____   **4-H Club**

** PREMISE ID #: _____   _____   Age (Jan 1): _____

_____   Age (Jan 1): _____

NO LIMIT ON NUMBER OF BREEDING GOATS IDENTIFIED; MEMBERS MAY ONLY SHOW **FOUR** BREEDING GOATS

BREED	SEX (M/F)	OFFICIAL USDA SCRAPIES TAG *EX: NE1234-5678* **REQUIRED**	R TAG L CIRCLE "RIGHT" or "LEFT"	ADDITIONAL INFORMATION	Checked In
			RIGHT LEFT		
			RIGHT LEFT		
			RIGHT LEFT		
			RIGHT LEFT		
			RIGHT LEFT		
			RIGHT LEFT		
			RIGHT LEFT		
			RIGHT LEFT		
			RIGHT LEFT		
			RIGHT LEFT		

** Required for State Fair

Mailing Address: _____

Email Address 1: _____

Email Address 2: _____

Phone # 1: _____

Phone # 2: _____

Signature of ALL 4-H members: _____ _____ _____ _____

Signature of Parent/Guardian: _____