



# FRANKLIN COUNTY 4-H and FFA FEEDER CALF OWNERSHIP AFFIDAVIT



Premise ID # (Mandatory)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name (4-H Age)

\_\_\_\_\_  
4-H Club Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name (4-H Age)

\_\_\_\_\_  
4-H Club Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name (4-H Age)

\_\_\_\_\_  
4-H Club Name

| County Fair<br>State Fair or<br>Ak-Sar-Ben | Breed or Breeds Involved | Sex | Birthdate | EID Tag #    |                         | Check<br>Appropriate Side |      |  |
|--|--------------------------|-----|-----------|--------------|-------------------------|---------------------------|------|--|
|  |                          |     |           | Visual Tag # | EID Tag # (button side) | Right                     | Left |  |
|  |                          |     |           |              |                         |                           |      |  |
|  |                          |     |           |              |                         |                           |      |  |
|  |                          |     |           |              |                         |                           |      |  |
|  |                          |     |           |              |                         |                           |      |  |
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|  |                          |     |           |              |                         |                           |      |  |
|  |                          |     |           |              |                         |                           |      |  |
|  |                          |     |           |              |                         |                           |      |  |
|  |                          |     |           |              |                         |                           |      |  |

*Electronic signatures acceptable. Please type your full name.*

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

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_