Last Name _____ First Name(s) _____ 4-H Club _____ Year _____

KNOX COUNTY 4-H BREEDING GOAT OWNERSHIP AFFIDAVIT (Rev. 1/2019)

Breed or Breeds Involved	Sex	Date Born	Scrapie Tag				*If a Registered Animal, please list Registration Number*
			Right Ear Flock Tag	*Right Ear Scrapie Tag*	*Left Ear Flock Tag*	*Left Ear Scrapie Tag*	