



Last Name First Nam		me(s) and 4-H Age(s)		4	-H Club FFA Chapte	r Name Cou	County	
YQCA#	Premise ID	#						
	ľ	NEBRASKA 4-H FFA B	BREEDING DO	E O	WNERSHIPAFI	FIDAVIT(Rev. 1/20)		
Breed or Breeds Involved	Date of Birth (month/year)	Full Scrapie Tag Number	Tattoo	Check if State Fair Animal	State Fair Validation Number	Name & Registration Number of Project Animal	Additional Notes	
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				_				
Signature of Club or Chapter N (At least one of those listed at the top of		Signature of Parent and Ad	dress		affidavit-in- 4-H or FFA) youth has (have) submitted thi accordance-with-all-rules-of-the Program and also has (have) so al Quality Assurance program/t	e-state,-county-and-Chapter uccessfully completed a	
		Phone			Date	Date		
					Extension St	aff or FFA Advisor		