

| Last Name   |     | First Name(s) (and 4-H Age(s) if 4-H Project) |   | 4-H Club                                    | County  |
|---|-----|---|---|---|---|
| YQCA#   |     | Premise ID#  NEBRA                            | ASKA 4-H BUCKET CALF OWNER  | SHIP AFFIDAVIT-COUNTY ON                    | LY (Rev. 4/19)  |
| Breed or Breeds<br>Involved or<br>Description<br>of Animals       | Sex | Birth<br>Date                                 |   | ull 15 Digit EID Number both if applicable) | Additional ID<br>Notes on retags, etc.                |
|   |     |   |   |   |   |
|   |     |   |   |   |   |
|   |     |   |   |   |   |
| Signature of Club Member(s)                                       |     |   | Signature of Parent and Address   | This (these) youth has (be                  | us) submitted this live to the survey live (17 1 - 17 |
| (At least one of those listed at the top of this form must sign.) |     |   | in accordance with all rules has (have) successfully con Animals program for this p |   |   |
|   |     |   | Phone   |   |   |