

Last Name First Name(s) (and 4-H Age(s) if 4-H Project) 4-H Club or FFA Chapter Name County

**Otoe County 4-H and FFA Breeding Sheep Ownership Affidavit (Rev. 11/17)**

|  |  |  |  |
| --- | --- | --- | --- |
| Sex | Breed | Date Born | Scrapies Tag Number |
| Right | Left |
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|  |  |  |  |  |

Signature of Club or Chapter Member(s) Signature of Parent

(At least one of those listed at the top of this form must sign.)

Phone

This (these) youth has (have) submitted this livestock ownership

affidavit­in­accordance­with­all­rules­of­the­state,­county­and­Chapter­

4-H or FFA Program and also has (have) successfully completed a

Food Animal Quality Assurance program/test for this period.

Date Submitted

Extension Staff or FFA Advisor