

Last Name First Name(s) (and 4-H Age(s) 4-H Club Name or Independent County

**Otoe County 4-H Bucket Calf Ownership Affidavit (Rev. 12/17)**

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| --- | --- | --- | --- | --- |
| ***Breed or Breeds Involved or Description******of Animals*** | ***Sex*** | ***Date of Birth******(between January 1st and May 1st of current year)*** | ***Official 4-H Ear Tag*** | ***Name and Address of Breeder*** |
| ***Right*** | ***Left*** |
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Signature of Club or Chapter Member(s) Signature of Parent This (these) youth has (have) submitted this livestock ownership

(At least one of those listed at the top of this form must sign.) affidavit­in­accordance­with­all­rules­of­the­state and county 4-H Program

and also has (have) successfully completed a Food Animal Quality

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

Extension Staff