

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

**Otoe County Fair 4-H and FFA Breeding Meat Goat Ownership Affidavit (Rev. 12/17)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sex | Breed or Breeds Involved | Date Born | Ear Tag or Scrapies Tag Number | Check  |  One |
|   Left |   Right | Eid Tag  | Scrapies Tag |
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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.

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Date Submitted:

Extension Staff or FFA Advisor