

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 Feeder Calf Ownership Affidavit (Rev. 12/17)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Breed or Breeds Involved or Description of Animals*** | ***Sex*** | ***Weight*** | ***Birth***  ***Date*** | ***4-H Ear Tag or FFA Tag*** | | ***Name and Address of Breeder*** |
| ***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

**Maximum 20 head per member**

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

affidavit in accordance with all rules of the state, county, and Chapter

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

**A**