

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

Premise ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Otoe County Fair 4-H and FFA Market Lamb Ownership Affidavit (Rev. 12/17)**

required

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Breed Description of Animals*** | ***Sex*** | ***Weight*** | ***Date***  ***Weighed*** | ***4-H/FFA***  ***4-H Ear Tag or EID Tag*** | | ***Additional Notes*** |
| ***Right*** | ***Left*** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

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

.