



Last Name \_\_\_\_\_

First Name(s) (and 4-H Age(s) if 4-H Project) \_\_\_\_\_

4-H Club \_\_\_\_\_

County \_\_\_\_\_

**Otoe**

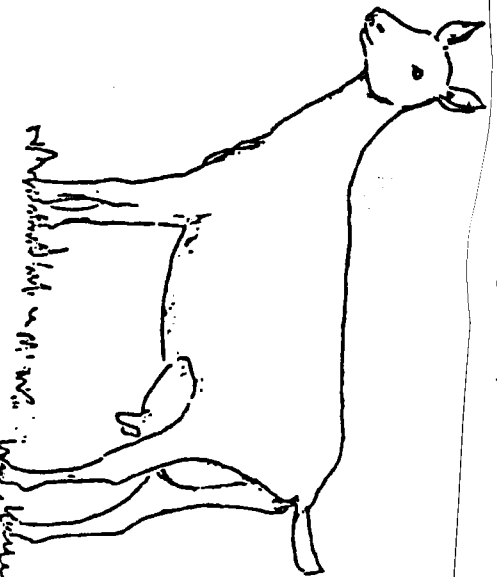
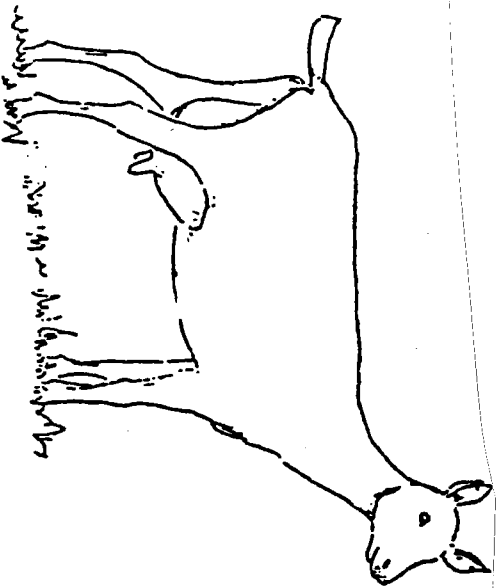
### Otoe County Fair 4-H Dairy Goat Ownership Affidavit (Rev. 11/18)

Name of Dairy Goat \_\_\_\_\_

Tattoo or Ear Tag # (Circle which one) Right ear \_\_\_\_\_ Left ear \_\_\_\_\_ Tail \_\_\_\_\_

Date of Birth for Dairy Goat \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

Attach photographs of dairy goat showing both sides of the face or sketch markings below (including colors).



Signature of Parent \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Signature of 4-H Member(s)  
(At least one of those listed at the top of this form must sign.)

Extension Staff \_\_\_\_\_