|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ear Tag or EID Number( Last 5 Digits of an EID Tag #) | EID Button(If using EID 15 digits) | Image result for heifer head outlineLRCircle “Right” or “Left” | Sex(F-Female)(M-Male) | Weight | Date Weighed | Home Born and Fed(Place an X) |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |   |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |
|  |  | Right Left |  F M |  |  |  |

Tag

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FFA Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Staff Use Only**

Date Received: \_\_\_\_\_\_\_ Office Staff Initials: \_\_\_\_\_

YQCA Certificate Complete (June 15) by: \_\_\_\_\_\_\_\_

Enrollment Complete (May 1st):­­­­\_\_\_\_\_\_\_\_\_\_\_