|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ear Tag or EID Number  ( Last 5 Digits of an EID Tag #) | EID Button  (If using EID 15 digits) | Image result for 4-H HOG EAR NOTCHESCircle “Right” or “Left”  L  R  L | Sex  (F-Female)  (M-Male) | 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 |  |

**For Staff Use Only**

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

Date Received YQCA Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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