



Extension Staff or FFA Advisor

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

NEBRASKA 4-H and FFA BREEDING BEEF OWNERSHIP AFFIDAVIT (Rev. 8/16)

		Tattoo and/or Ear Tag					al						
		ex Breed or Breeds Involved			Check one				nim		Name and Registration Number		
Date Born	Sex B		Right	Left	Tattoo (4-H requires for State Fair)	4-H Tag	FFA Tag	EID Tag (Left Ear Only)	Both Tattoo and Tag	Check if Registered Animal	Name & Registration Number of Project Animal	Sire	Dam
											<u> </u>		
		or Chapter Member(s) sted at the top of this form must sign.)	Signatu:	re of Parent and	Addre	ess	•		•		This (these) youth has (have Affidavit in accordance wit 4-H or FFA Program and al Food Animal Quality Assur	h all rules of the state so has (have) success	e, county and Chapter fully completed a
			Phone										