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 or FFA BUCKET CALF OWNERSHIP AFFIDAVIT (Rev. 8/16)

(Check one) ☐ **4-H** ☐ **FFA**

Date of Birth	*Breed or Breeds Involved or Description of Animals*	*Sex*	*Official 4-H/FFA Ear Tag*		*EID*	*Name and Address of Breeder*
			Right	*Left*	*Left ONLY*	

Signature of Club or Chapter Member(s)
(At least one of those listed at the top of this form must sign.)

_____

_____

_____

Signature of Parent and Address

_____

_____

Phone_____

This (these) youth has (have) submitted this livestock ownership affidavit in accordance with all rules of the state, county and Chapter 4-H or FFA Program and also has (have) successfully completed a Food Animal Quality Assurance program/test for this period.

Date_____

_____
Extension Staff or FFA Adviser