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 MARKET LAMB OWNERSHIP AFFIDAVIT

(Rev. 8/16)

Date Born	*Sex*	*Breed or Breeds Involved*	*Date Weighed*	*Weight*	*Tattoo and/or Ear Tag*							*Check if Registered Animal*	*Name & Registration Number of Project Animal*	*Name and Registration Number*	
					Right	*Left*	*Right or Left*							*Sire*	*Dam*
							4-H Tag	*FFA Tag*	*EID Tag*	*Scrapies Tag*					
7/15/2016	M	Commercial Suffolk	5/21/17	75	B1234	NEXXX 1234	RT			LT	X	Extensions Example – XXX123456	Exensions Sire – XXX1234567890	Extensions Dam – XXX98765432	

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 Advisor