



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

Mailing Address \_\_\_\_\_  
Street or P.O. Box, Town, State, Zip

County \_\_\_\_\_ Phone \_\_\_\_\_ Year \_\_\_\_\_

Club \_\_\_\_\_ Member's Birthday (Month, Day, Year) \_\_\_\_\_

## NEBRASKA 4-H DAIRY GOAT IDENTIFICATION AFFIDAVIT

See reverse side for important instructions and lease affidavit.

REGISTERED \_\_\_\_\_ GRADE \_\_\_\_\_ BREED \_\_\_\_\_

BRED BY EXHIBITOR: YES \_\_\_\_\_ NO \_\_\_\_\_

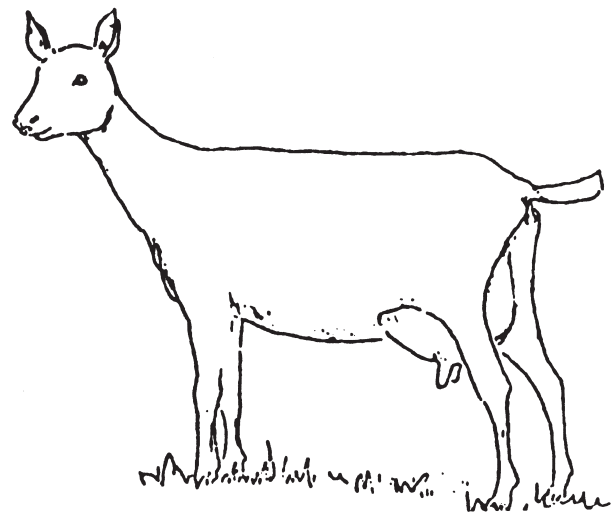
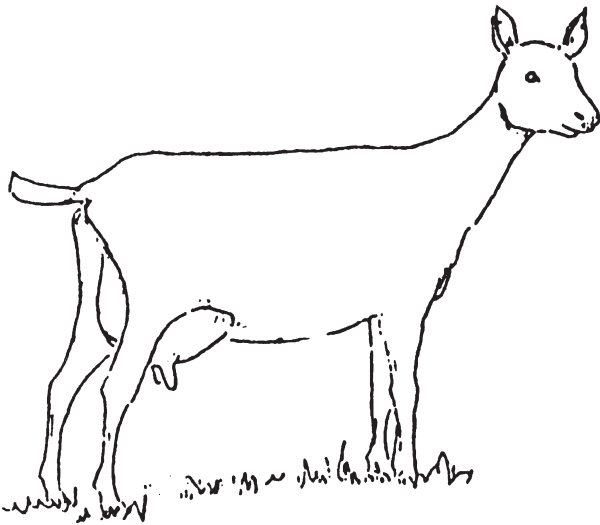
Name of Animal \_\_\_\_\_ Registry No. \_\_\_\_\_

Tattoo or Ear Tag No. Right \_\_\_\_\_ Left \_\_\_\_\_ Date Born \_\_\_\_\_  
Month Day Year

Vaccination Tag No. \_\_\_\_\_

[Need at least one of these forms of ID (tattoo, tag or vaccination tag) for animals without distinct markings.]

Sketch markings and include colors or attach photographs showing both sides of face.



I (we) certify that this is a 4-H project animal this year and that to the best of my (our) knowledge the above information is correct.

Date \_\_\_\_\_

Signature of 4-H Member(s) (At least one of those listed above must sign.)

Parent Signature \_\_\_\_\_

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

Date \_\_\_\_\_

Extension Staff Signature \_\_\_\_\_



## 4-H Animal Exhibitor and Animal Project Regulations

### Age of 4-H Exhibitor

A 4-H animal owner/exhibitor 8 to 18 years old on Jan. 1 of the current calendar show year is eligible to exhibit in 4-H-sponsored events. Exhibitors who are 10 as of Jan. 1 may exhibit at the State Fair and at the Ak-Sar-Ben Livestock Exposition. 4-H members may be certified for state and interstate shows if they meet age requirements for that event and have properly enrolled animals.

### 4-H/FFA Exhibits

Any animal shown as an FFA exhibit is ineligible to show as a 4-H exhibit by any exhibitor. An animal may be nominated for show participation in 4-H or FFA, but not both.

### Animal Ownership

All beef, swine and sheep project animals must be owned:

- a) solely by the 4-H exhibitor, or
- b) the exhibitor in partnership with other member(s) of his or her immediate family. Only the name of the showman can be on the show entry. Immediate family is defined as members of a household, including parents, brothers and sisters, and youth in the care of the head of the household.

### Registration Papers

For State Fair and Ak-Sar-Ben, registration papers must show one of the following:

- a) the member's name as owner, or
- b) the name of the exhibitor and/or a co-owner who is a member of the exhibitor's immediate family (see immediate family definition above), or
- c) the family farm or ranch name or parent's name.

### Identification of Animals

All animals must be individually identified, listed on the appropriate 4-H form and on file in the local extension office.

Species	Number of Animals	Identification Method (State Fair)	State Identification Deadline*	Form
<b>Dairy</b>		Sketch, picture, tattoo or tag	June 15 of the current year	4HF108
<b>Dairy Goat</b>		Sketch, picture, tattoo or tag	June 15 of the current year	4HF109
<b>Meat (Market) Goats</b>	20 per member	Official 4-H eartags, DNA Sample	June 15 of the current year	4HF111

\*Individual counties and other shows or contests may use different information deadlines and/or rules, but for Nebraska State 4-H, these deadlines and information minimums must be met.

**NOTE** — DNA samples required for market beef, lambs, swine and meat goats at both State Fair and Ak-Sar-Ben.

**NOTE: FILL IN THIS PORTION, PRINT 3 COPIES, SIGN AND ATTACH TO THE AFFIDAVIT.**

### Owner's Affidavit

As owner of the animal described on the attached 4-H Dairy Goat Identification Certificate, I certify that \_\_\_\_\_ has my permission to use this animal in 4-H projects.  
Name

I understand the 4-H member must manage (including feeding, grooming, fitting, etc.) and have access to the animal at least 75 percent of the time during the project year.

Date \_\_\_\_\_ Owner \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Extension Staff Signature