County Only

BABY BEEF OWNERSHIP VERIFICATION AFFIDAVIT

Due: June 1

4-H Youth Exhibitor Name(s) _____

ID #(s) _____ / _____ / _____ / _____

Address _____

Phone _____

4-H Exhibitor Signature(s) _____ Date_____

Parent/Legal Guardian Printed Name_____

Parent / Legal Guardian Signature _____ Date_____

4-H Program Advisor Signature_____ Date_____

***All fields containing an asterisk (*) must be completed.**

Breed Name or Commercial*	Birthdate*	Animal Identifier* Tag # or Name	L or R Ear	Leased Y or N

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