4-H DAIRY CATTLE IDENTIFICATION CERTIFICATE

Name of Animal ____________________________________________

Date Animal Born (Mo.) ________ (Day) ________ (Yr.) ________ Sex M ________ F ________

Name of Sire (Father) ___________________________ Name of Dam (Mother) ___________________________

Please circle: Registered OR Grade

Registration No. (if registered) __________________________

Date of Purchase __________________________

Tattoos/Ear Notch (Left Ear) ___________________________ (Right Ear) ___________________________

Other identifying numbers, etc. __________________________

Draw color marking on each side and face or provide picture of each side.

Color ____________

Height ____________

Weight ____________

Owner ____________________________________________

Address ____________________________________________

Phone # ____________________________________________

Signature of Owner __________________________________

This animal has been officially designated as the 4-H project animal of the 4-H’er as of June 1st of the current project year.

Name of 4-H’er ____________________________________________ 4-H Leader or write Independent ____________________________

Address ____________________________________________

______________________________

Member’s Signature

Parent/Guardian ____________________________________________

Address ____________________________________________

4-H Educator ____________________________________________

Address ____________________________________________

______________________________

Leader’s Signature

Telephone ____________________________________________

______________________________

Parent/Guardian Signature

Educator’s Signature

* Proof of Rabies Vaccination required must be current calendar year and more than 14 days prior to arrival at any fair grounds.

* See Cayuga County 4-H Fair Book for other health requirements.

Revised 12/29/2014