**4-H RABBIT 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. __________________________

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

Color __________

Height __________

Weight __________

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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 __________________________

Signature of Owner __________________________

Parent/Guardian __________________________ 4-H Educator __________________________

Address __________________________

Telephone __________________________

Parent/Guardian Signature __________________________

Educator’s Signature __________________________

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* Rabies Vaccination is strongly recommended.
* See Cayuga County 4-H Fair Book for other health requirements.