



Cornell University
Cooperative Extension
Cayuga County

Deadline – June 1st of the current project year.

Date _____ 20 _____
 _____ Personally Owned
 _____ Family Owned
 _____ Non-Owned

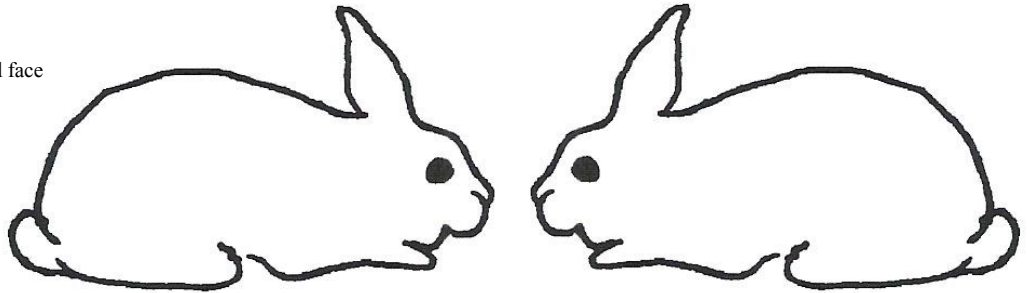


**4-H RABBIT
IDENTIFICATION CERTIFICATE**

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. _____

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 _____
 Address _____

Member's Signature

4-H Leader or write Independent _____
 Address _____

Leader's Signature

Parent/Guardian _____
 Address _____

 Telephone _____

Parent/Guardian Signature

4-H Educator _____
 Address _____

Educator's Signature

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