



Dairy and Dairy Goat Identification Report

Name of 4-H'er _____ County _____

Address _____ Zip _____ Your birthdate _____

Name of club _____ Grade in school _____ Phone (area code) ____/____ - ____

I hereby certify that the following are owned and being fed and cared for by me as part of my 4-H dairy and/or dairy goat project in accordance with the regulations on the reverse side of this sheet. I have read the regulations. I understand that the animals that I exhibit at 4-H shows during the project year shall be among those listed and described on this form.

Signature of 4-H member _____

Signature of parent/guardian _____

Return the completed form to your county extension office **April 15**. County rules may be more restrictive than state rules (e.g., earlier deadlines). Check with your county extension office for your county deadline.

Dairy				Dairy			
Registration number, eartag, or tattoo*	Birthdate mo./day/yr.	Registered or grade	Breed	Registration number, eartag, or tattoo*	Birthdate mo./day/yr.	Registered or grade	Breed

* Do not use calfhood vaccination number.

Dairy Goat				Dairy Goat			
Registration number, eartag, or tattoo	Birthdate mo./day/yr.	Registered or grade	Breed	Registration number, eartag, or tattoo	Birthdate mo./day/yr.	Registered or grade	Breed