



# 4-H BUCKET CALF IDENTIFICATION REPORT



Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Club \_\_\_\_\_ Grade in School \_\_\_\_\_

I hereby certify that the following are owned, being fed, and cared for by me as part of my bucket calf project in accordance with the guidelines of the bucket calf project. I understand that the animals I exhibit at Muscatine County Fair during the project year shall be among those listed and described on this form.

\_\_\_\_\_  
Signature of 4-H MEMBER

\_\_\_\_\_  
Signature of PARENT OR GUARDIAN

Ear Tag or Tattoo Number	Ear Tag Color	Tag or Tattoo in Right or Left Ear	Heifer or Steer	Dairy or Beef	Purebred or Crossbred

**ID form is due in the Extension Office by May 15 by 5:00 p.m.**