



**BUCKET/BOTTLE CALF IDENTIFICATION REPORT**  
**Cerro Gordo County**

Name of Participant \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Club \_\_\_\_\_ Age as of last Sept. 15 \_\_\_\_\_ Phone (641) \_\_\_\_\_

I hereby certify that the following are owned and being fed and cared for by me as part of my bucket/bottle calf project. I understand that bucket bottle calves can not be shown this year in regular beef or dairy classes, but they may be shown in the appropriate class next year. One, two, or three calves may be enrolled in this project but only one is eligible for the county 4H/FFA fair.

Signature of Participant \_\_\_\_\_

I verify my child's statement

Signature of Parent/Guardian \_\_\_\_\_

Breed	Dairy or Beef Proj	Eartag #	Tag R--ear L--ear	Birthdate mo/d/yr	Sex	Birthweight (not required)

**ON THE BACK OF THIS FORM, DRAW THE MARKINGS OF YOUR CALF**

Return the completed report by **May 15, 2007** to the Cerro Gordo County Extension Office, 2023 S Federal Avenue, Mason City, IA. 50401

(over)

