



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 by May 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			
Eartag or tattoo number*	Registration No.	Birthdate mo./day/yr.	Breed	Eartag, or tattoo number*	Registration No.	Birthdate mo./day/yr.	Breed

* Do not use calfhood vaccination number.

Dairy Goat				Dairy Goat			
Tattoo*	Registration No.	Birthdate mo./day/yr.	Breed	Tattoo*	Registration No.	Birthdate mo./day/yr.	Breed

* Do not use animal's name.