



# Breeding Beef Identification Report

Name of 4-H'er \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_  
RR/Street City State Zip+4

Age (as of last Sept. 15) \_\_\_\_\_ Grade in School \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Name of Club \_\_\_\_\_

I hereby certify that I own, feed, and care for the following as part of my 4-H beef breeding 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  
*"I verify my child's statement."*

## Breeding Heifers

Registered or commercial	*Tattoo number	Ear tattooed RE - right ear LE - left ear BE - both ears	Birth Date mo/day/yr	Breed	Registration number (if registered)

## Cow-Calf (This section also may be used to identify feeder calves by simply completing calf line.)

	*Tag or tattoo number	Birth Date mo/day/yr	Birth Weight	Sex	Breed
Cow			XXXXXXXXXX	XXXX	
Calf					
Cow			XXXXXXXXXX	XXXX	
Calf					
Cow			XXXXXXXXXX	XXXX	
Calf					
Cow			XXXXXXXXXX	XXXX	
Calf					

\*Do not use calfhooed vaccination number.  
 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.





# Iowa 4-H Youth Development Dog Identification Report

Return this completed form to your county Extension office by  
May 15 or your county deadline.

Name of 4-H'er \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_  
Street/RR \_\_\_\_\_ City \_\_\_\_\_ Zip+four \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Your birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in school \_\_\_\_\_

Name of 4-H Club \_\_\_\_\_

I hereby certify that I have an active role in the care and training of the following animals as part of my 4-H dog project in accordance with the regulations on the reverse side of this report. I have read the regulations on the back of this report.

**Be sure to read the back of this form before signing.**

\_\_\_\_\_ I verify my child's statement

\_\_\_\_\_  
Signature of 4-H Member

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

**One (1) animal per line.**

Dog's Name	Rabies Vaccination Number	Date of Rabies Vaccination	*Years of Training		Breed	Sex	Birth date, mo/day/yr
			Member	Dog			

\* Include this year.

Return this completed form (4-H 106e) 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.



# Horse and Pony Identification Form

Name of 4-H'er

Age as of last September 15

Address

City State Zip

Phone

Name of club

County

Grade

I hereby certify that I have an active role in the care of the following animals as part of my 4-H horse/pony project in accordance with the regulations on the reverse side of this report. I have read those regulations and understand that the animals that I exhibit at 4-H shows during the project year shall be among those listed on this form.

Signature of 4-H member

Signature of parent/guardian

- Markings on sides of head and chin must be drawn on diagram.
- Outline all white markings of horse with dark solid lines.
- Clear photographs of horse's markings are encouraged.

Registered name

Nickname/barn name

Registered number

Age

Birthdate

Breed

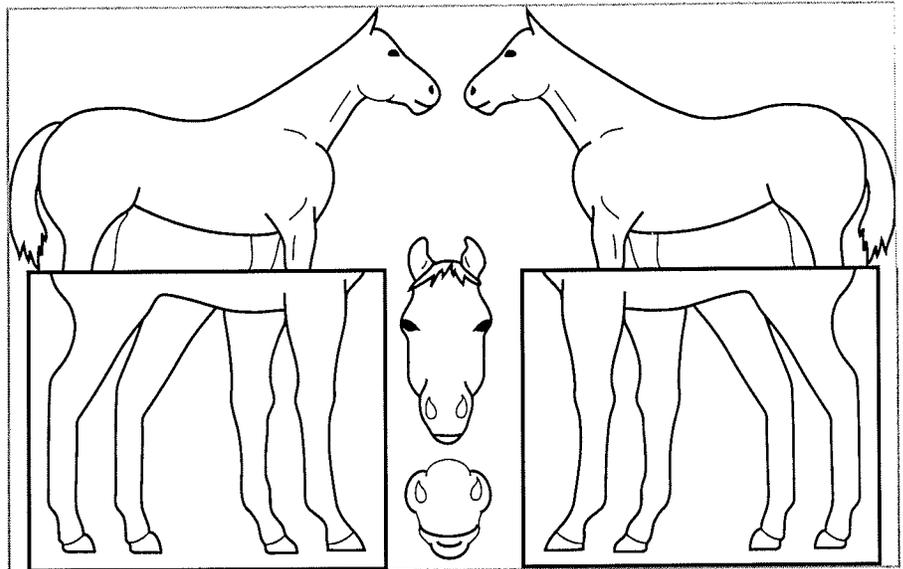
Height

Colors

Check one  Gelding/stud  Mare

Check one  Owned  Leased

Check one  Horse  Pony



Registered name

Nickname/barn name

Registered number

Age

Birthdate

Breed

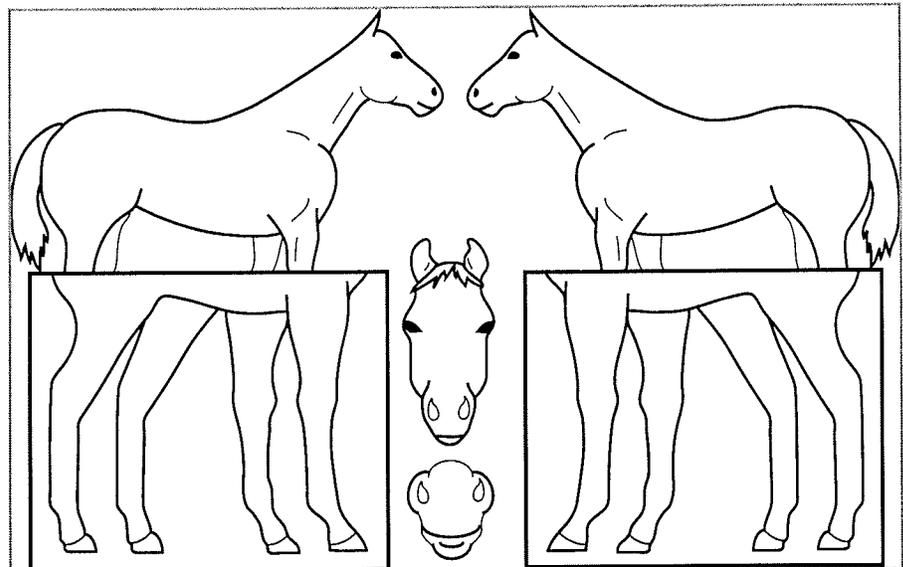
Height

Colors

Check one  Gelding/stud  Mare

Check one  Owned  Leased

Check one  Horse  Pony



Return the completed form to your county office of ISU Extension by May 15. County rules may be more restrictive than state rules (e.g., earlier deadlines). Check with your county ISU Extension office for county rules and deadlines.



# IOWA 4-H MARKET BEEF VERIFICATION FORM

for eligibility to exhibit at the County, State, and Interstate Shows

County \_\_\_\_\_ Date \_\_\_\_\_

Exhibitor Name \_\_\_\_\_ Club Name \_\_\_\_\_

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

Telephone Number ( ) \_\_\_\_\_ Grade in School \_\_\_\_\_

**TOTAL HEAD VALIDATED** \_\_\_\_\_ **Verification Fee Paid** \_\_\_\_\_

I (we) hereby make application to nominate/verify the below described animals to be eligible to enter at the county, state and interstate 4-H shows. As a condition of entry, I (we) agree to abide by the rules and regulations on the reverse of this form and as published in the Premium Book. I (we) understand it is my responsibility to be familiar with the rules and regulations, and specifically those relating to the rules on ownership, liability, drug testing, and the USDA Wholesome Meat Act. I (we) agree to immediately submit any animal entered to inspection, at any reasonable time, by a veterinarian or other expert appointed by 4-H, and agree to have such animal submitted to any tests as may be designated and requested by the veterinarian or expert. I understand that the animals I exhibit at 4-H shows including the Iowa State Fair 4-H Show, during the project year shall be among those listed and described below. I recognize my responsibilities for the feeding and care of these animals throughout the feeding period. I (we) agree to feed these animals in accordance with quality assurance guidelines. I (we) agree to allow the State and the County 4-H staff the right to inspect the listed projects at any reasonable time during the feeding period. I (we) agree to allow the use of the verification noseprints or DNA analysis or retinal images to confirm the identity of these animals at any time. I (we) also agree that noseprints, DNA samples or retinal images taken by any 4-H veterinarian or expert are property of the Iowa 4-H program. I (we) understand that failure to abide by the rules and regulations published in the Premium Book or the terms of this nomination/verification may result in forfeiture of all premiums, prizes, awards, rights and privileges to exhibit livestock in the future at the county show and the Iowa State Fair, and may result in exclusion from participation in 4-H programs.

**Exhibitor Signature** – I hereby nominate the below entries and agree that the information is complete and correct.

**Image Collector Signature** – I verify that I collected the retinal image for Iowa State Fair and Interstate eligibility

**Parent or Legal Guardian Signature**

**Verification Site Coordinator Signature**

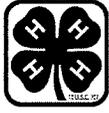
Check if for Ak-Sar-Ben or Iowa State Fair		Ear Tag Number including county and animal # (XX – XX)	Tag Color	Ear Tagged (L/R)	Weigh	Heifer or Steer	Complete if animals are to be shown as breed steers		
							Breed	Tatto*	Sire name or registration number
AK	ISF								

\* In addition to official eartag, Angus, Belgian Blue, Brangus, Charolais, Chianina, Gelbvieh, Hereford, Limousin, Maine-Anjou, Red Angus, Simmental, Shorthorn, and South Devon breed steers must be tattooed, and sire information MUST be included on this form.









# IOWA 4-H SWINE VERIFICATION FORM

For eligibility to exhibit at County, State, or Interstate Shows

County \_\_\_\_\_ Club Name \_\_\_\_\_

Exhibitor Name \_\_\_\_\_

TOTAL HEAD VALIDATED \_\_\_\_\_ Verification Fee Paid \_\_\_\_\_

I (we) hereby make application to nominate/verify the below described animals to be eligible to enter at the Iowa State Fair and/ or interstate shows. As a condition of entry, I (we) agree to abide by the rules and regulations on the reverse of this form and as published in the Premium Book. I (we) understand it is my (our) responsibility to be familiar with the rules and regulations, and specifically those relating to the rules on ownership, liability, drug testing, and the USDA Wholesome Meat Act. I (we) agree to immediately submit any animal entered to inspection, at any reasonable time, by a veterinarian or other expert appointed by 4-H, and agree to have such animal submitted to any tests as may be designated and requested by the veterinarian or expert. I understand that the animals I exhibit at 4-H shows including the Iowa State Fair 4-H Show, during the project year shall be among those listed and described below. I recognize my responsibilities for the feeding and care of these animals throughout the feeding period. I (we) agree to feed these animals in accordance with quality assurance guidelines. I (we) agree to allow the State and the County 4-H staff the right to inspect the listed projects at any reasonable time during the feeding period. I (we) agree to allow the use of the verification DNA analysis or other samples to confirm the identity of these animals at any time. I (we) also agree that DNA samples or other samples taken by any 4-H veterinarian or expert are property of the Iowa 4-H program. I (we) understand that failure to abide by the rules and regulations published in the Premium Book or the terms of this nomination/verification may result in forfeiture of all premiums, prizes, awards, rights, and privileges to exhibit livestock in the future at the county, Iowa State Fair, and interstate shows, and may result in exclusion from participation in 4-H programs. By signing below, I (we) agree that the information filled out to be complete and correct.

Exhibitor Signature \_\_\_\_\_

Parent or Legal Guardian

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Be sure the below information (ear notch, birthdate) matches your registration papers.

Ear Notch*	PB or Xbred	Sex	Weight	Date weighed	Ear tag number	Ear tagged (L/R)	Tag color	PB Gilts Birthdate mo/day/yr	Breed/color description

\*All pigs must be notched using the Universal Ear Notching System. Also indicate which number is in which ear, example R5-L12.