



Iowa 4-H Youth Development RABBIT Identification Report

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

Name of FFA MEMBER _____ County _____

Address _____
Street/RR City Zip+four

Phone (____) _____ - _____ Your birth date ____/____/____ Grade in school _____

Name of FFA CHAPTER _____

I hereby certify that I have an active role in the care and training of the following animals as part of my RABBIT project.
 I have read the regulations in the fair book prior to signing
Be sure to read the back of this form before signing.

_____ I verify my child's statement

 Signature of FFA Member

 Signature of Parent/Guardian

One (1) animal per line.

Rabbits's Name	Tattoo	Tattoo Ear	Colors and Markings	Breed	Sex	Birth date, mo/day/yr

* 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.