



FFA BUCKET CALF IDENTIFICATION REPORT



Name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Chapter: _____ Grade completed: _____

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 FFA MEMBER

Signature of PARENT OR GUARDIAN

Ear Tag Number	Ear Tag Color	Tag in Right or Left Ear	Heifer or Steer	Date Born

ID form is due in the Extension Office by May 15 by 5:00 pm.