

# Animal Care and Housing Form for Sioux County 4-H/FFA Livestock Projects

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

- 4-H/FFA animal projects are required to be in the personal possession and regular care of the 4-H/FFA member who owns them. Under certain circumstances, animals can be physically housed at a nearby location and within a reasonable distance to the 4-H/FFAers place of residence, but the 4-H/FFA member must take an active and majority role in the daily care of the project animal(s). 4-H/FFA county and/or state staff reserve the right to acquire housing location addresses at the beginning of the 4-H/FFA project year and make location visits as deemed necessary to ensure involvement of the 4-H member.
- It is the responsibility of every 4-H/FFA member to ensure that proper care is taken of their animal(s) according to acceptable methods of good animal husbandry. A healthy animal requires sufficient food, water, shelter, and appropriate health care. Primary care is defined as the 4-H/FFA member making the decisions for and/or providing the care, handling, recordkeeping and training of their animal project.

**Sign and return this form to the Sioux County Extension office by May 15th.**

**Please circle each species that is not housed at your home address location in this year.**

Beef Cattle    Bucket Calf    Dairy Cattle/Dairy Goat    Goat    Poultry    Rabbit    Sheep    Swine    Horse

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1. List the particular circumstances that prevent you from having your project animal(s) housed at your primary residence. \_\_\_\_\_

\_\_\_\_\_

2. How do you plan to care for the project animal(s) not located at your primary residence? What arrangements have you made for traveling to and from the non-primary residence to care for your animal(s)?

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have read the above information and will comply with the rules set forth above.

\_\_\_\_\_  
4-H Member's Signature

\_\_\_\_\_  
Parents/Guardian's Signature

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Physical Location of Animals (landlord must have a logical relationship to the 4-H member):

Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone/cell phone number: \_\_\_\_\_

As the landlord of the property listed above, I acknowledge the 4-H and/or FFA program's intent is educational; as such I will encourage and require the 4-H/FFA member to be extensively and continuously involved in the care of their animals housed at my property. If deemed necessary by the Extension staff/FFA advisors/Livestock Committee/Superintendents, I grant permission to check on the 4-H/FFA member's animals while they are housed on my property.

\_\_\_\_\_  
Landlord Signature

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