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 major 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 June 1st

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

1. List the particular circumstances that prevent you from having your project animals(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____________________

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 ____________________________