BOTTLE LAMB IDENTIFICATION AND OPEN CLASS (GRADES K-3) MEAT GOAT IDENTIFICATION

Name ________________________________ County _______________________

Address ________________________________ Zip Code ____________

Current Grade ________ Telephone No. ___________________________

(area code)

Circle one: 4-H Class Open Class

I hereby certify that I have an active role in the care of the following animals as part of my Bucket/Bottle Lamb project.

I verify my child’s statement.

________________________________________  __________________________
Signature of Participant  Signature of Parent/Guardian

<table>
<thead>
<tr>
<th>EAR TAG #</th>
<th>EAR (right or left)</th>
<th>ANIMAL TYPE (lamb or meat goat)</th>
<th>ANIMAL NAME</th>
<th>BIRTH DATE</th>
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- May identify up to three lambs and three goats but may show only one of each at the fair.
- **Return the completed form to your county Extension Office by May 15th.**