

BUCKET/BOTTLE CALF IDENTIFICATION Due May 15th

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 Calf project.

I verify my child's statement.

Signature of Participant

Signature of Parent/Guardian

EAR TAG #	EAR (right or left)	ANIMAL NAME	BIRTH DATE	SEX

- May identify up to three calves but may show only one at the fair.
- **Return the completed form to your county Extension Office by May 15th.**