PET IDENTIFICATION FORM

Due May 15\textsuperscript{th}

Name of 4-Her __________________________________ County ___________________

Address _______________________ City ___________ State _______ Zip _______

Name of Club ____________________________ Current Grade _______

Phone Number: _______________________

I hereby certify that the following are owned and being fed and cared for by me as a part of my 4-H small animal project. I understand that the animals which I exhibit at 4-H shows during the project year shall be among those listed and described on this form.

I verify my child’s statement.

__________________________ 
Signature of 4-H Member 

__________________________ 
Signature of Parent/Guardian 

Pets

<table>
<thead>
<tr>
<th>Type of Pet</th>
<th>Name of Pet</th>
<th>Sex</th>
<th>Birth Date (Mo-Day-Yr) Or Age</th>
<th>Colors/Markings</th>
<th>Rabies Vac. # (if applicable)</th>
<th>Date of Rabies Vaccine (if applicable)</th>
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* RETURN THE COMPLETED FORM TO THE COUNTY EXTENSION OFFICE BY MAY 15\textsuperscript{TH}. 