



Breeding Beef Identification Report

Name of 4-H'er _____ County _____

Address _____

City

State

Zip+4

Birthdate _____ Grade in School _____ Telephone (_____) _____
area code

Name of Club _____ Date _____

I (we) hereby make application to nominate/verify the below described animals to be eligible to enter at the county and the Iowa State Fair 4-H show. As a condition of entry, I (we) agree to abide by the rules and regulations on the reverse of this form and as published in the Premium Book. I (we) understand it is my (our) responsibility to be familiar with the rules and regulations, and specifically those relating to the rules on ownership, liability, drug testing, and the USDA Wholesome Meat Act. I (we) agree to immediately submit any animal entered to inspection, at any reasonable time, by a veterinarian or other expert appointed by 4-H, and agree to have such animal submitted to any tests as may be designated and requested by the veterinarian or expert. I understand that the animals I exhibit at 4-H shows including the Iowa State Fair 4-H Show, during the project year shall be among those listed and described below. I recognize my responsibilities for the feeding and care of these animals throughout the feeding period. I (we) agree to feed these animals in accordance with quality assurance guidelines. I (we) agree to allow the State and the County 4-H staff the right to inspect the listed projects at any reasonable time during the feeding period. I (we) agree to allow the use of the verification noseprints or DNA analysis to confirm the identity of these animals at any time. I (we) also agree that noseprints, DNA samples or other samples taken by any 4-H veterinarian or expert are property of the Iowa 4-H program. I (we) understand that failure to abide by the rules and regulations published in the Premium Book or the terms of this nomination/verification may result in forfeiture of all premiums, prizes, awards, rights, and privileges to exhibit livestock in the future at the county show and the Iowa State Fair, and may result in exclusion from participation in 4-H programs.

 Signature of 4-H Member

 Signature of Parent/Guardian

"I verify my child's statement."

Breeding Heifers

Registered or commercial	*Tattoo number	Ear tattooed RE - right ear LE - left ear BE - both ears	Birth Date mo/day/yr	Breed	Registration number (if registered)

Cow-Calf (This section also may be used to identify feeder calves by simply completing calf line.)

	*Tag or tattoo number	Birth Date mo/day/yr	Birth Weight	Sex	Breed
Cow			XXXXXXXXXX	XXXX	
Calf					
Cow			XXXXXXXXXX	XXXX	
Calf					

*Do not use calfhood vaccination number.

Return the completed form to your county Extension office by **May 15**. County rules may be more restrictive than state rules (e.g., earlier deadlines). Check with your county Extension office for your county deadline.

Pink - Exhibitor

Yellow - County Copy

White - State 4-H