

___ Personally owned ___ Family owned ___ Non-owned Date _____ 20__

NEW YORK YOUTH DAIRY CATTLE IDENTIFICATION CERTIFICATE

Name of Animal _____

Date Animal Born _____

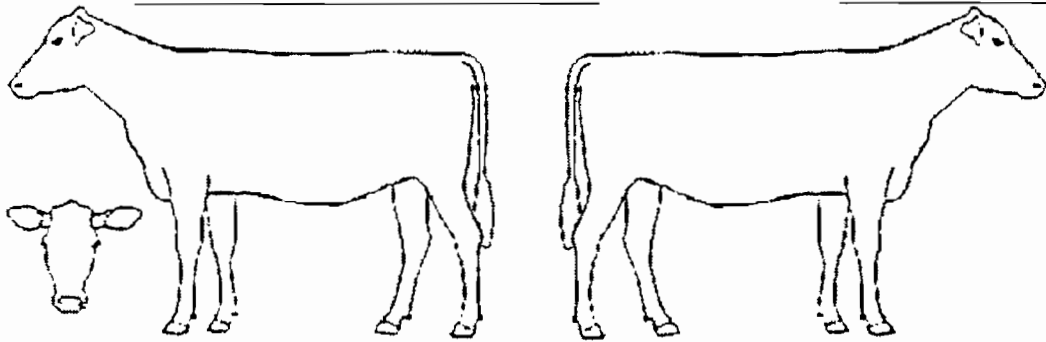
Name of Sire _____

Name of Dam _____

Registrv/Breed _____ Reg. No. _____

Tattoos: Left ear _____ Right ear _____

Ear Tags: Left ear _____ Right ear _____



Draw color markings of all the sides or provide photos of each side.

Owner _____

Address _____

_____ (Zip)

Signature of Owner

Telephone

This animal has been cared for by the youth and is officially designated as his/her youth project animal as of June 15 of the current year.

Name of youth _____

Address _____

Zip

Youth Leader's Name _____

Address _____

Zip

Telephone _____

Member's Signature

Leader's Signature

County _____

Parent/Guardian _____

Address _____

Zip

4H Educator or
authorized representative

Address _____

Zip

Telephone _____

Parent/Guardian Signature

Rep Signature

*Remember: Proof of rabies vaccination strongly recommended - must be current, given more than 14 days prior to arrival at exhibition. and remain current for duration of the event. Consult your veterinarian.