

Deadline: April 15 of current year

Date: _____



4-H Cavy Project Registration Certificate - - FAIR

This project certificate must be filled out completely by the 4-H youth.

	Personally Owned		Pet
	Family Owned		Breed
	Non-Owned		

Name of Animal: _____

Breed: _____

Ear Band #: _____

Date Animal Born: (Mo) _____ (Day) _____ (Yr) _____

Date of Purchase: _____

Sex: (M) _____ (F) _____

Name of Boar: _____

Name of Sow: _____

Breed: _____

Color / Color Pattern: _____

IF ANIMAL IS NON-OWNED

Owner Name: _____

Owner Address: _____

Signature: _____

	Personally Owned		Pet
	Family Owned		Breed
	Non-Owned		

Name of Animal: _____

Breed: _____

Ear Band #: _____

Date Animal Born: (Mo) _____ (Day) _____ (Yr) _____

Date of Purchase: _____

Sex: (M) _____ (F) _____

Name of Boar: _____

Name of Sow: _____

Breed: _____

Color / Color Pattern: _____

IF ANIMAL IS NON-OWNED

Owner Name: _____

Owner Address: _____

Signature: _____

4-H MEMBER INFORMATION

4-H'er Name: _____

Parent/Guardian: _____

Leader Name: _____

Signature: _____

Signature: _____

Signature: _____

Attach photos.

4-H OFFICE ONLY

4-H Program Manager: Jody Tatich _____

Signature: _____

County: Tioga _____

Address: CCE, Tioga County, 56 Main St., Owego, NY 13827

This animal has been officially designated by the 4-H Office as the 4-H project animal of the 4-H member listed above as of April 15 of the current year.