



DUTCHESS COUNTY 4-H YOUTH DEVELOPMENT 4-H RABBIT/CAVY IDENTIFICATION CERTIFICATE



Date: _____, 20____

____ Personally Owned
____ Non-Owned (Sponsored)

Check One: _____ Rabbit _____ Cavy

Name of Animal: _____

Animal's Date of Birth, (Month, Day, Year): _____ Circle One: Buck / Boar / Doe / Sow

Breed: _____

Tattoo/Ear Tag Number: _____

Photo: Please include a side and front view.

This animal has been officially designated as the 4-H project animal of the 4-H member listed below
as of **July 1 of the current project year.**

Owner: _____ **4-H Member:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

4-H Leader: _____ **4-H Educator:** _____

Address: _____ Address: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Parent/Guardian: _____

Address: _____

Signature: _____ Date: _____