

Complete one section for each 4-H project animal owned or leased. **4-H Member Name** _____

Is this animal registered? Yes No
Animal Name _____ D.O.B. ____/____/____
Breed _____ Date Owned ____/____/____ Or Leased ____/____/____
Markings _____
Reg# or ID _____ Eartag _____ Tattoo _____

Is this animal registered? Yes No
Animal Name _____ D.O.B. ____/____/____
Breed _____ Date Owned ____/____/____ Or Leased ____/____/____
Markings _____
Reg# or ID _____ Eartag _____ Tattoo _____

Is this animal registered? Yes No
Animal Name _____ D.O.B. ____/____/____
Breed _____ Date Owned ____/____/____ Or Leased ____/____/____
Markings _____
Reg# or ID _____ Eartag _____ Tattoo _____

Is this animal registered? Yes No
Animal Name _____ D.O.B. ____/____/____
Breed _____ Date Owned ____/____/____ Or Leased ____/____/____
Markings _____
Reg# or ID _____ Eartag _____ Tattoo _____

Is this animal registered? Yes No
Animal Name _____ D.O.B. ____/____/____
Breed _____ Date Owned ____/____/____ Or Leased ____/____/____
Markings _____
Reg# or ID _____ Eartag _____ Tattoo _____

Is this animal registered? Yes No
Animal Name _____ D.O.B. ____/____/____
Breed _____ Date Owned ____/____/____ Or Leased ____/____/____
Markings _____
Reg# or ID _____ Eartag _____ Tattoo _____

MASSACHUSETTS 4-H
GOAT PROJECT VERIFICATION FORM FOR BIG E 4-H PARTICIPANTS
 (for animals born after 6/1 of current year)

For Animals **born after June 1st** the member must have submitted verification forms for the dam prior to June 1st and animal must be raised and cared for from birth by the 4-H member. Forms must be filed 60 days prior to the show. Send all Verification Forms to: **Carrie Chickering-Sears, Director of Community Education in Animal Agriculture, University of Massachusetts Amherst, 101 University Drive, Suite A-4, Amherst, MA 01002 Phone 413-545-5302; Fax 413-577-0760 Email ccsears@umext.umass.edu**

4-H Member's Name: _____ Phone: _____

Email: _____

<u>Born after June 1st of the current year:</u>	Is this animal registered	Yes	No	
Animal Name _____				D.O.B. ____/____/____
Breed _____				
Dam's Name _____				Date dam owned or leased ____/____/____
Markings _____				
Reg# or ID _____	Eartag _____			Tattoo _____

<u>Born after June 1st of the current year:</u>	Is this animal registered	Yes	No	
Animal Name _____				D.O.B. ____/____/____
Breed _____				
Dam's Name _____				Date dam owned or leased ____/____/____
Markings _____				
Reg# or ID _____	Eartag _____			Tattoo _____

<u>Born after June 1st of the current year:</u>	Is this animal registered	Yes	No	
Animal Name _____				D.O.B. ____/____/____
Breed _____				
Dam's Name _____				Date dam owned or leased ____/____/____
Markings _____				
Reg# or ID _____	Eartag _____			Tattoo _____

As a 4-H member, I have raised the above animals and cared for them from birth. The verification forms for the dam have been previously submitted.

4-H Member Signature

Date

Parent or Guardian Signature

Date

REV 3/12

4-H Office Use Only:	
_____ 4-H Office Representative	_____ Date Received