

**MASSACHUSETTS 4-H GOAT PROJECT VERIFICATION FORM FOR BIG E 4-H PARTICIPANTS**

**TO BE RECEIVED BY: June 1<sup>st</sup>**

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](mailto:ccsears@umext.umass.edu)

All goats exhibited at the Big E 4-H Goat Show must be a verified goat project animal.

4-H Member's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
(Street or PO Box, Town, State and Zip Code)

Email: \_\_\_\_\_ Club: \_\_\_\_\_

4-H Member's date of birth: \_\_\_\_\_ 4-H Age: \_\_\_\_\_  
(As of 1/1 current year)

Years in Project \_\_\_\_\_ Years in 4-H Program \_\_\_\_\_ County Enrolled in: \_\_\_\_\_

On your Verification Form, list all 4-H goat project animals to be shown. (Hint: It is best to include all eligible project animals; your favorite might not be feeling well on show day.) **Print in Black Pen Or Type.** Print clearly. Complete the form including your mailing address with zip code, email, and age as of 1/1 of the current year. List one animal per section. For unregistered animals, please indicate the breed or breeds the animal resembles the most. There is a separate form for goats born after June 1<sup>st</sup> of the current year.

**Remember, All Animals In A 4-H Project Must Be Solely Owned Or Leased By The 4-H Member.** (The farm name cannot be used for owner of animals). Separate Lease forms must be submitted for all leased animals and are due June 1<sup>st</sup>.

Separate application to the Big E 4-H goat show is due August 20th with a copy of the animal verification form signed by the 4-H educator and lease forms (if applicable).

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We have read and understand the rules governing this program and certify that this 4-H Member has managed and raised this animal for the current 4-H year. As parent, I give permission for the above named child and animal(s) to participate if qualified, in the New England 4-H Animal Programs at Eastern States Exposition.

\_\_\_\_\_  
4-H Member Signature Date

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
4-H Leader Signature Date

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



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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 1<sup>st</sup>** the member must have submitted verification forms for the dam prior to June 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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

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