4-H RABBIT IDENTIFICATION REPORT

Return Completed form to Goshen County Extension Office by June 1

Name of 4-H Member _____

Address _____
City State Zip

Phone # _____ 4-H Club _____

I hereby certify that the following rabbits are owned, fed and cared for by me as my 4-H rabbit project. I understand that the animals I exhibit at 4-H shows during the project year shall be among those listed and described on this form.

_____
Signature of 4-H Member

_____
Signature of Parent/Guardian
"I verify my child's statement."

Breed	Description/Color/Variety	Purebred or Grade	Sex	Birthdate	Date Animal Purchased	Tattoo