

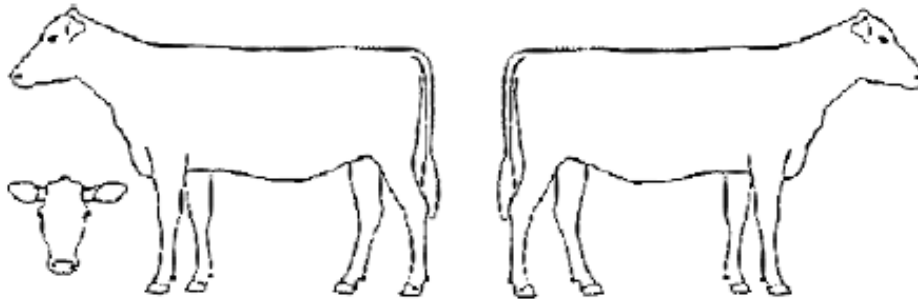
**Cornell University**  
**Cooperative Extension**  
**Jefferson County**

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\_\_\_ Personally owned    \_\_\_ Family owned    \_\_\_ Non-owned                      Date \_\_\_\_\_ 20\_\_

**NEW YORK YOUTH DAIRY CATTLE IDENTIFICATION CERTIFICATE**

Name of Animal \_\_\_\_\_  
 Date Animal Born \_\_\_\_\_  
 Name of Sire \_\_\_\_\_  
 Name of Dam \_\_\_\_\_  
 Registry/Breed \_\_\_\_\_ Reg. No. \_\_\_\_\_  
 Tattoos: Left ear \_\_\_\_\_ Right ear \_\_\_\_\_  
 Ear Tags: Left ear \_\_\_\_\_ Right ear \_\_\_\_\_



Draw color markings of all the sides or provide photos of each side.

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ (Zip) \_\_\_\_\_  
 \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Telephone \_\_\_\_\_

This animal has been cared for by the youth and is officially designated as his/her youth project animal as of June 15 of the current year.

Name of youth _____	Youth Leader's Name _____
Address _____	Address _____
_____ Zip _____	_____ Zip _____
_____ Member's Signature _____	_____ Telephone _____
	_____ Leader's Signature _____
	_____ County _____
Parent/Guardian _____	4H Educator or _____
Address _____	authorized representative _____
_____ Zip _____	Address _____
Telephone _____	_____ Zip _____
_____ Parent/Guardian Signature _____	_____ Rep Signature _____

\*Remember: Proof of rabies vaccination strongly recommended - must be current, given more than 14 days prior to arrival at exhibition, and remain current for duration of the event. Consult your veterinarian.

*Cornell Cooperative Extension Association of Jefferson County provides equal program and employment opportunities. Please contact the Cornell Cooperative Extension Association of Jefferson County office if you have special needs or are unable to pay.*