

**FINNEY COUNTY LIVESTOCK DECLARATION - 4-H & FFA
(One Form Per Household)**

Individual or Household Name: _____
(Household Ex: Willie Wildcat Family. Include at least **one first name**. Use the same name each year.)

****Individual exhibitor names in Household:** _____ **DOB:** _____
(Please print individual names) _____ **DOB:** _____
_____ **DOB:** _____
_____ **DOB:** _____
_____ **DOB:** _____

____ Initial here (each youth and parent) to certify that you have read the rules of Household Nominations.

Housing and Care: Finney County 4-H & FFA members are responsible for the proper care of their animal(s) by following acceptable methods of good animal husbandry. A healthy animal requires sufficient food, water, shelter, and appropriate health care. Youth should provide the primary care and training for livestock projects for the duration of the project. Primary care is defined as the exhibitor making the decisions for and/or providing the care, handling, and training of their livestock project a majority of the time. Please check the box for each species you will be nominating:

Market Beef **Swine** **Sheep** **Goats**

Section 1: Exhibitor(s) Primary Residence:

Physical Address: _____
City: _____ State: KS Zip: _____ County: Finney
Contact Phone: (____) _____ - _____ Email: _____

Will all of your animals be housed at your primary residence? Yes No

If you answered "Yes", move to Section 3. If you answered "No", complete Sections 2 and 3.

Section 2: Housed Location:

Landlord/Caretaker Name: _____
Address: _____
City: _____ State: KS Zip: _____ County: _____
Contact Phone: (____) _____ - _____ Email: _____

Name the specie and how you plan to care for the project animal(s) not located at your primary residence?

Section 3: Declaration: I attest that I have **owned, possessed, and cared** for my livestock project(s) since the specified tagging date designated for each specie. I hereby certify that I have read the above information and will comply with these rules. I understand that false information provided concerning this declaration will result in show awards and or premiums being forfeited. Sign and return this form as a commitment to the above guidelines.

I am aware and understand that I am responsible for:

- The proper care and treatment of my animals, including the use of animal health aids, growth promotants or other livestock management substances.
- The production of wholesome food and the need to follow the appropriate withdrawal times before slaughter, related to chemical substances used in livestock production, disease prevention or disease control.
- Information on specific use and withdrawal times can be found on product label instruction or printed drug lists available from my County Extension Office,
- Tranquilizers and other non-approved substances should not be used for food animals.

Household Exhibitor(s) Signature(s)

Parent/Legal Guardian Signature

Date