



Cornell University
 Cooperative Extension
 Schoharie and Otsego Counties

Deadline – June 1st of the current project year.

Date _____ 20 _____

_____ Personally Owned

_____ Family Owned

_____ Non-Owned



**4-H RABBIT
 IDENTIFICATION CERTIFICATE**

Name of Animal _____

Date Animal Born (Mo.) _____ (Day) _____ (Yr.) _____ Sex M _____ F _____

Name of Sire (Father) _____ Name of Dam (Mother) _____

Please circle: Registered OR Grade Registration No. (if registered) _____

Date of Purchase _____

Tattoos/Ear Notch (Left Ear) _____ (Right Ear) _____

Other identifying numbers, etc. _____

Draw color marking on each side and face or provide picture of each side.

Color _____

Height _____

Weight _____



Owner _____

Address _____

Phone # _____

Signature of Owner

This animal has been officially designated as the 4-H project animal of the 4-H'er as of June 1st of the current project year.

Name of 4-H'er _____

Address _____

Member's Signature

4-H Leader or write Independent _____

Address _____

Leader's Signature

Parent/Guardian _____

Address _____

Parent/Guardian Signature

4-H Educator _____

Address _____

Educator's Signature

Telephone _____

* Rabies Vaccination is strongly recommended.