



# PROJECT ANIMAL IDENTIFICATION FORM - GOAT

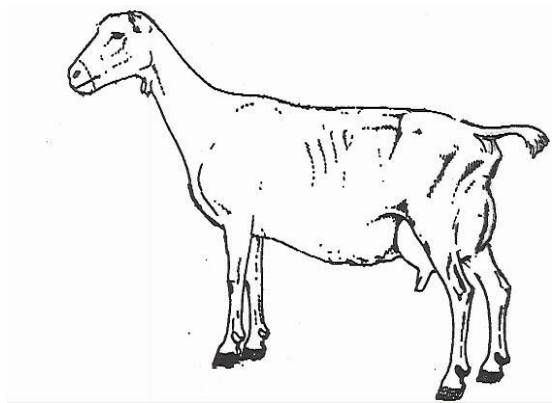
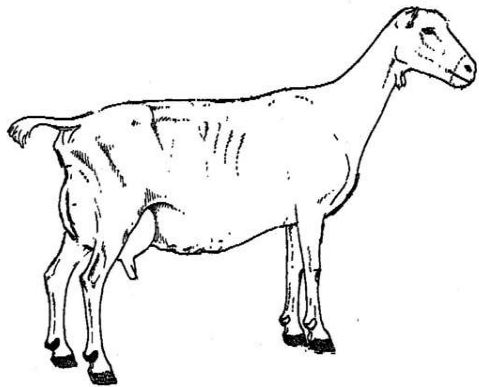


MEMBER INFORMATION		
Member's Name		Date of Birth (Y/M/D) _____ Age as of Jan. 1, 2014:
Address		Club
		Postal Code
Parent/Guardian		Telephone # (     )
Email address		
PROJECT INFORMATION		
Name of Animal		Meat <input type="checkbox"/> or Dairy <input type="checkbox"/>
Date of Birth (Y/M/D)	Left Ear Tattoo #	Right Ear Tattoo #
Breed	Registration #	
Name of Sire		Name of Dam
Name and address where animal is housed:		

**Are you interested and eligible to participate in:**

Quebec 4-H Provincial Rally Yes  No

Attach a photo showing all markings on your goat and the type of ears that it has, or draw, indicating its colours.



**Member:** I declare that the above information is correct. I am a bona fide 4-H member and the above animal is my current 4-H project.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Project Leader:** I have received the Project Animal Identification Form. The information is correct, complete and legible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send by fax (514) 398-8652 or by mail 21,111 Lakeshore Rd, Harrison House 3-04, Ste-Anne-de-Bellevue, QC H9X 3V9 office@quebec4-h.com