



VERMONT 4-H BEEF COW/CALF FORM

Date _____

Name _____

Club _____

Mailing Address _____

City, State, Zip _____

County _____

Parent/Legal Guardian Signature _____

Leader's Signature _____

BREED	ANIMAL'S NAME	ANIMAL'S BIRTH DATE	EARTAG NUMBER or RFID/840	CALF'S NAME	CALF'S BIRTH DATE	SEX OF CALF	OWNED OR LEASED