

# FFA Fair Enrollment Form

Chapter \_\_\_\_\_

**FOR OFFICE USE ONLY**

County Code: \_\_\_\_\_ Club Code \_\_\_\_\_ Member Code \_\_\_\_\_

**Enrollment Type (circle one):**    N-New Enrollment    R-Re-Enrollment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Names \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Years in FFA \_\_\_\_\_    FFA Instructor \_\_\_\_\_

**Ethnic (circle one):**            1) Hispanic    2) Not Hispanic

**Race (circle one):**    1) White    2) Black    3) Alaskan/Am. Inc.    4) Asian    5) Hawaiian/Pac. Island  
6) White & Black    7) White & Alaskan/Am. Inc.  
8) Black & Alaskan/Am. Inc.    9) White & Asian    10) Other

**Residence (circle one):**    1) Farm    2) Rural/10,000    3) Town/10-50,000  
4) Suburb/50,000    5) City/50,000

**Please check the projects you will be exhibiting at the Lincoln County Fair:**

Market Beef  
 Beef Breeding

Market Swine  
 Breeding Swine

Market Lamb  
 Breeding Sheep

Dairy Goat  
 Market Goat

Horse  
 Other (please specify)

Ag Mechanic Display

Do you require an accommodation for a disability to participate in this program? \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Advisor Signature:** \_\_\_\_\_

**Parent Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Animal Care and Housing Form for Colorado 4-H Livestock Projects

It is the responsibility of every 4-H member to ensure that proper care is taken of their animal(s) according to acceptable methods of good animal husbandry, as set forth by Colorado State University Extension and the Colorado Department of Agriculture. A healthy animal requires sufficient food, water, shelter, and appropriate health care. Cruel and inhumane training methods are prohibited in the Colorado State University Extension 4-H Program and will not be tolerated. Specific animal husbandry guidelines and humane training methods are provided in the appropriate 4-H manual. It is necessary for the local county Extension office to know the location of all 4-H livestock/horse projects.

The Colorado 4-H current project recommendation for primary care states that "4-H members will provide primary and continuous care of their project animals." **Primary care is defined as the 4-H member making the decisions for and/or providing the care, handling, and training of their animal project a majority of the time.** Primary care exemption must be approved by the designated local representative body comprised of at least one Extension agent and other committee representatives as appointed by the Extension office. The county will determine a one-step appeal process if request is denied.

Each situation for exemption of primary care will be evaluated within the exhibitor's county by an appropriate review body. An approval or disapproval of the situation will be communicated to the participant(s) in writing. An appeal may be submitted through established grievance channels established in each county. 4-H members and guardians acknowledge that approval of facilities and animal welfare checks may be conducted at anytime by the local county Extension agent.

Submission of this animal care document is required by all 4-H animal project participants each 4-H year. Please check the box for each species you will be enrolled in this year. Sign and return this form to your county Extension office as a commitment to the above guidelines.

Beef Cattle     Dairy Cattle     Goat     Horse     Llama     Poultry     Sheep     Swine  
 Dog     Rabbit     Other \_\_\_\_\_ *Please check all that apply*

Date: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone/cell phone number: \_\_\_\_\_

Optional Information: Premises Registration Number with NAIS: \_\_\_\_\_

## This section is for animals housed at your home

1. Will all of your animals be housed at your home location?  
 Yes     No

*If your answer is No, please answer the following questions on page 2 and list the animal(s) not housed at your home location and submit to your Extension agent for approval.* I grant the Extension agent permission to check on the 4-H member's animals while they are housed on my property provided advance notice of such visits are given.

*If your answer is Yes, please sign below.*

I hereby certify that I have read the above information and will comply with the rules set forth above.

\_\_\_\_\_  
4-H Member's Signature

\_\_\_\_\_  
Parents/Guardian's Signature

**This section for animals NOT housed at your home**

2. List the particular circumstances that prevent you from having your project animal(s) housed at your primary residence.

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3. Please indicate where (including address) each animal will be housed and the landlord/caretaker of the residence.  
(Horse projects only:  Check this box if your horse(s) is being boarded and supply the following information.)

Landlord/Caretaker Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone/cell phone number: \_\_\_\_\_

Optional Information: Premises Registration Number with NAIS: \_\_\_\_\_

4. How do you plan to care for the project animal(s) not located at your primary residence? What arrangements have you made for traveling to and from the non-primary residence to care for your animal(s)?

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5. If you will not be providing primary care for your project animal(s) during the entire ownership period, please explain who will be providing primary care, when they will be caring for the project animal, and why you are unable to provide primary care for the project animal through the ownership period.

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6. What 4-H shows do you plan to participate in? You will be under the same primary care requirements at all times. Please list the shows below:

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As the landlord/caretaker of the property listed above, I acknowledge the 4-H program's intent is educational; as such I will encourage and require the 4-H member to be extensively and continuously involved in the care of their animals housed at my property. If deemed necessary by the Extension agent, I grant the Extension agent permission to check on the 4-H member's animals while they are housed on my property provided advance notice of such visits are given.

\_\_\_\_\_  
**Landlord/Caretaker's Signature**

\_\_\_\_\_  
**Date**

I hereby certify that the above information is truthful and accurate.

\_\_\_\_\_  
**4-H Member's Signature**

\_\_\_\_\_  
**Parents/Guardian's Signature**

\_\_\_\_\_  
**4-H Leader's Signature**

\*Your request for Animal Care Exemption has been:

Approved

Denied

\_\_\_\_\_  
4-H Extension Agent's Signature

\_\_\_\_\_  
Date