



4-H CAVY CERTIFICATE
Due 65 days before fair



Member Name _____
 Address _____
 Town _____ Zip _____
 Phone Number _____
 Club Name _____
 Leader's Name _____

Animals Name _____
 Date of Birth (month/day/year) _____
 Sex _____
 Variety (as per ARBA standards) _____
 Breed _____
 Reg/Tag number _____

Identification of animal (Specification by ARBA standard) _____

Attach front view and bottom view picture for identification.

When was animal acquired for 4-H project? (Month/Day/Year) _____

Signature of Member	Signature of Parent	Signature of Leader
Signature of Program Leader	Date	Signature of Program Leader
Signature of Program Leader	Date	Signature of Program Leader
Signature of Program Leader	Date	Signature of Program Leader
Signature of Program Leader	Date	Signature of Program Leader
Signature of Program Leader	Date	Signature of Program Leader