Animal Care and Housing Form for Butler County 4-H Livestock Projects

It is the responsibility of the 4-H member(s) to ensure that proper care is taken of their animal(s) by following acceptable methods of good animal husbandry. A healthy animal requires sufficient food, water, shelter, and appropriate health care. Specific animal husbandry guidelines and humane training methods are provided in 4-H manuals available upon request from the Butler County Extension Office.

The Kansas 4-H Youth Development Policies, Best Management Practices, and Information states that "Youth should provide the primary care and training for livestock or animal projects for the duration of the project." Primary care is defined as the 4-H member(s) making the decisions for and/or providing the care, handling, and training of their animal project a majority of the time.

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.

Please check all that apply:	☐ Beef Cattle ☐ Sheep	☐ Meat (☐ Swine	Goats	
Date:	4-H Club	:		
Exhibitor Name(s):				
A 11				
Address:				
City, State, ZIP Code:				
Telephone/Cell Phone Number:				
This	section is for animals ho	used at your ho	ome.	
Will all of your animals be housed at your home location?		☐ Yes	□ No	
If your answer is No, please answer the home location. If your answer is Yes, p		oack page and lis	t the animal(s) not housed at you	r
I hereby certify that I have read the abo	ve information and will com	ply with the rule	s set forth above.	
4-H Member Signature(s)				
Parent/Guardian Signature		Da	te	

This section is for animals NOT housed at your home. List the particular circumstances that prevent you from having your project animal(s) housed at your primary residence. Please indicate where (including address) each animal will be housed and the landlord/caretaker of the residence. Landlord/Caretaker Name: Physical Address: ____ City, State, ZIP Code: _____ Telephone/Cell Phone Number: How do you plan to care for the project animal(s) not located at your primary residence? What arrangements have you made for traveling in and from the non-primary residence to care for your animal(s)? If you will not be providing 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. 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 animal(s) housed at my property. Landlord/Caretaker Signature Date I hereby certify that the above information is truthful and accurate. 4-H Member Signature(s): Parent/Guardian Signature Date