## Animal Care and Housing for Butler County 4-H / FFA Animals

It is the responsibility of the 4-H / FFA 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 / FFA manuals available upon request from the Butler County Extension Office. The Kansas 4-H / FFA 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 / FFA 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** <u>all</u> **4-H** / **FFA animal project participants each year.** *This includes bucket calves, poultry, rabbits, and horses. It also includes beef, swine, meat goats, dairy goats, and sheep* 

| Household Nominations for market and breeding animals  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Youth will be allowed to enter and show any animal that was nominated by their household according to the following restrictions:  |  |  |  |  |  |  |
| <ul> <li>Youth must all legally reside in the same household and share the same legal address.</li> <li>The youth entering the animal must have materially participated in the care of the project for the majority of the time.</li> </ul>                        |  |  |  |  |  |  |
| - Youth will determine which animal they will exhibit at show check-in. (before weigh-in).   |  |  |  |  |  |  |
| <ul> <li>How the animal was nominated at tagging will decide whether the animal is shown as market or breeding. For example - a female tagged only as market will not be allowed to showed as breeding and vice versa, unless they were dual nominated.</li> </ul> |  |  |  |  |  |  |
| Will the animal(s) be household nominated? Yes: 🗌 No: 🗌  |  |  |  |  |  |  |
| Family Name:   |  |  |  |  |  |  |
| (To be used on all future nomination forms. Example: Bob Smith Family)   |  |  |  |  |  |  |

## All 4-H / FFA animal projects will require this form.

| Date: _              | 4-H Club / FFA Chapter:  |                   |                   |    |  |
|----------------------|--|-------------------|-------------------|----|--|
|                      | Exhibitor Name(s):   |                   |                   |    |  |
|                      |  |                   |                   |    |  |
|                      |  |                   |                   |    |  |
| (If your<br>your and | of your animals be housed at your hon<br>answer is <u>No</u> , please answer the following<br>swer is Yes, please sign below.)<br>y certify that I have read the above info<br>ation is truthful and accurate. | g questions on th | e back page and l | ., |  |
| Si                   | gn Here!   |                   |                   |    |  |

## 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.  |   |  |  |  |  |
| andlord/Caretaker Name:  | Phone Number:   |  |  |  |  |
| nysical Address:   |   |  |  |  |  |
| 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 el<br>primary care, when they will be caring for the project animal, and why<br>through the ownership period.                    |   |  |  |  |  |
| s the landlord/caretaker of the property listed above, I acknowledge the 4<br>ad require the 4-H / FFA member to be extensively and continuously invo  |   |  |  |  |  |
| andlord/Caretaker Signature  | Date  |  |  |  |  |
|  | Please indicate where (including address) each animal will be housed adlord/Caretaker Name:         vsical Address:         usical Address:         How do you plan to care for the project animal(s) not located at your project animal in and from the non-primary residence to care for your animality of the providing care for your project animal(s) during the exprimary care, when they will be caring for the project animal, and why through the ownership period.         If you will not be providing care for your project animal(s) during the exprimary care, when they will be caring for the project animal, and why through the ownership period.         the landlord/caretaker of the property listed above, I acknowledge the 4 require the 4-H / FFA member to be extensively and continuously inverse. |  |  |  |  |



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