University *of* **Idaho**
Extension
Twin Falls County

Individual Animal ID
Twin Falls County 4-H/FFA Goat Project
(A copy of this Individual Animal ID <u>MUST</u> be included in your Goat Project Record Book)

Date of Purchase: _____ 4-H Club/FFA Chapter:_____

Description of doe/buck/wether: (Breed, Sex, Color Description, Tag Number, etc):

_____

Scrapies tag #_____(**for all does and bucks**)

Animals Date of birth_____

Vaccines   Date Administered
_____   _____
_____   _____
_____   _____
_____   _____

SELLER NAME,   _____
Address or premise number:

                                                 _____

MEMBER/PURCHASER NAME,   _____
Address or premise number

                                                 _____

I verify this animal was born in _____ **(location).**
                                     (USA, etc.)

List the address of
where animal   _____
will be housed.:

                        _____

                        _____

_____   _____
            Seller's Signature   **Purchaser's Signature**
               (if available)