

TEXAS 4-H AND FFA BREEDING HEIFER VALIDATION FORM

NAME:

COUNTYNAME: _____DATE: _____DATE: _____

(Last)	(First)	(MI)						
ADDRESS:	CITY:		ZIP:	PH	IONE:			
	FAMILY EMAIL ADDRESS	Required):						
Tag Number	Breed	Reg. Number	DOB		Breed Identification			
(Last 6 digits)				Brand (Not Holding/Ranch)		Tattoo (Record All Breed Tattoos Not Bangs)		
				Left	Right	Left Ear	Right Ear	
Exhibitor Signature:Club/Chapter:								
/alidation Chairperson Signature:		CE	A/AST Signat	fure:				
Parent/Guardian Signature:								
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