

Animal Care and Housing Form for Colorado 4-H Animal Projects



It is the responsibility of every 4-H member to ensure that proper care is taken of their animal(s) according to acceptable methods of good animal husbandry, as set forth by Colorado State University Extension and the Colorado Department of Agriculture. A healthy animal requires sufficient food, water, shelter, and appropriate health care. Cruel and inhumane treatment or neglect is prohibited in the Colorado State University Extension 4-H Program. Specific animal husbandry guidelines and humane training methods are provided in the 4-H manuals.

It is necessary for the local county Extension office to know the location of all 4-H animal projects. The Colorado 4-H project recommendation for primary care states that “4-H members will provide primary care and continuous care of the project animals.” **Primary care is defined as the 4-H member making the decisions for and/or providing the care, handling, and training of their animal project most of the time.** Any primary care exemption must be approved by the county Extension specialist/coordinator. With advanced notification, 4-H members and guardians acknowledge facilities and animal welfare checks may be conducted at any time by Extension specialist/coordinator.

4-H animal project participants are required to complete an animal care form each 4-H year. This document does not imply ownership of animal(s) listed. It denotes your responsibility to care for the listed animal(s). Please check the box for each species you will be participating in this 4-H year. To exhibit at the Colorado State Fair 4-H contests, ownership rules must be followed.

Please complete the following information and return the completed form to your county Extension Office.

| | | | | | |
|--------------------------------------|---------------------------------------|-------------------------------|--------------------------------|---------------------------------|---|
| <input type="checkbox"/> Beef Cattle | <input type="checkbox"/> Dairy Cattle | <input type="checkbox"/> Goat | <input type="checkbox"/> Horse | <input type="checkbox"/> Llama | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Sheep | <input type="checkbox"/> Swine | <input type="checkbox"/> Cat | <input type="checkbox"/> Dog | <input type="checkbox"/> Rabbit | <input type="checkbox"/> Other _____ |

Please check all that apply.

| | | |
|-------------------|--|------------|
| Name: | 4-H Club: | Date: |
| Physical Address: | City: | State/Zip: |
| Phone Number: | Optional: Premises Identification Number (PIN): | |

This section is for animals housed at your home.

Will **all** your project animals be housed at your **home location**? Yes or No

If answer is **No**, please complete the questions on **page 2**.

If answer is **Yes**, please sign below

I hereby certify that I have read the above information and will comply with the rules set for above.

Parent/Guardian’s Signature

4-H Member’s Signature

This section is for animals NOT housed at your home.

1. List the particular circumstances that prevent you from having your project animal(s) housed at your primary residence.

2. Please indicate where (including address) each animal will be housed and the landlord/caretaker of residence.
(Horse projects only: Check this box if your horse(s) is being boarded and supply the following)

Landlord/Caretaker Name: _____

Physical Address: _____

City, State, and Zip Code: _____

Telephone/cell phone number: _____

Optional Information: Premises Registration Number with NAIS: _____

3. How do you plan to care for the project animal (s) not located at your primary residence? What arrangements have you made for traveling to and from the non-primary residence to care for your animal(s)?

4. If you will be providing primary care for your project animal(s) during the entire ownership period, explain who will be providing primary care, when they will be caring for the project animal(s), and why you are unable to provide primary care for the project animal(s) through the ownership period.

5. What 4-H shows do you plan to participate in? You will always be under the same primary care requirements. Please list the shows below:

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 animals housed at my property. If deemed necessary by the Extension specialist/coordinator, I grant the Extension specialist/coordinator permission to check on the 4-H member's animal(s) while they are housed on my property provided advance notice is given.

Landlord/Caretaker's Signature

Date

I hereby certify that the above information is truthful and accurate.

Parents/Guardian Signature

4-H Member's Signature

*Your request for Animal Care Exemption has been:

Approved

Denied

4-H Extension Specialist/Coordinator Signature

Date