

COMPANION ANIMAL MOHAVE COUNTY 4-H/FFA ANIMAL REGISTRATION FORM



NAME:			CLUB:				
ADDRESS:			PHONE:				
	Street	City	State	Zip			
Fill in ALL int 1. 2. 3.	Own project a File complete Provide prima	omplete forms will not be animal by appropriate dead d animal registration form ary care of animal regardle aning, training, and groom	lline. on time. ess if kept a		home or off-site.	Primary care is fo	eeding,
PLEASE LIST	HOW MANY EA	ACH OF THE FOLLOWIN COUNTY FAIR				TO SHOW AT T	HE MOHAV
Dog:				Reptile:			
Cat:				Amphibian	s:		
Oat	<u> </u>			Pocket Pe	ts:		
the fair must be upon arrival a	oe declared to th	health of the animal to trea ne Extension Office within ne fair and be accompanie n.	10 days of	he first dos	e of medication.	An animal must be	
	st <u>currently</u> be er	nrolled in a 4-H Club OR A uctor, and I must be a mer					
SIGNATURE	S:	4-H Member/FFA Mem I am Currently Enrolled			s form is correct. gri science, FFA)	Date _Club OR Class.	
		4-H Leader/FFA Adviso	or, Informat	on on this f	orm is correct.	Date	

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