

# CARE AND HOUSING STATEMENT FOR 20\_\_

## Racine County 4-H/FFA Poultry Project Members

This form is to be read and completed by each FAMILY with members in the Poultry Project.

This statement is for the (Print Family Name)\_\_\_\_\_ Family.

I(we), the project member(s) hereby notify my (our) project leader, general leader, superintendent, livestock committee and the UW-extension office the location our animal(s) will be fed and housed this year.

I(we) understand each project member must sign this form and deliver it along with health papers to the project area below to be eligible.

**Poultry Check-In.....Tuesday of Fair Week**

This Poultry will be fed and housed on the family farm: Yes\_\_\_ No\_\_\_ **WLIC Premise ID#**\_\_\_\_\_

**Flock/Test Status** NPIP/NPIP Affiliate\_\_\_ Wisconsin Tested/or Associated\_\_\_ Individually Tested\_\_\_

Youth Leader letter on file\_\_\_

Address of Exhibitor/Family:\_\_\_\_\_

**If the above answer is NO**, please explain your circumstances\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name** of person(s) Property your Poultry is housed on:\_\_\_\_\_

**Address:**\_\_\_\_\_

**Phone#**\_\_\_\_\_ **WLIC Premise ID#**\_\_\_\_\_

**Description of Poultry:** (Breed, class) Qty.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures below of family members in this project:**

**Today's Date**\_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Please Note:**

If at any time during the project year this arrangement changes, you are responsible for notifying your project leader.

This agreement form was developed by the Poultry Project Committee of leaders.

