Animal Care and Housing Form for Colorado 4-H Livestock 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 training methods are prohibited in the Colorado State University Extension 4-H Program and will not be tolerated. Specific animal husbandry guidelines and humane training methods are provided in the appropriate 4-H manual. It is necessary for the local county Extension office to know the location of all 4-H livestock/horse projects.

The Colorado 4-H current project recommendation for primary care states that "4-H members will provide primary and continuous care of their 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 a majority of the time**. Primary care exemption must be approved by the designated local representative body comprised of at least one Extension agent and other committee representatives as appointed by the Extension office. The county will determine a one-step appeal process if request is denied.

Each situation for exemption of primary care will be evaluated within the exhibitor's county by an appropriate review body. An approval or disapproval of the situation will be communicated to the participant(s) in writing. An appeal may be submitted through established grievance channels established in each county. 4-H members and guardians acknowledge that approval of facilities and animal welfare checks may be conducted at anytime by the local county Extension agent.

Submission of this animal care document is required by all 4-H animal project participants each 4-H year. Please check the box for each species you will be enrolled in this year. Sign and return this form to your county Extension office as a commitment to the above guidelines.

☐ Beef Cattl	le 🗆 Da	airy Cattle	☐ Goat	☐ Horse	☐ Llama	☐ Poultry	☐ Sheep	☐ Swine
□ Dog [Rabbit	☐ Other _			Pleas	se check all that	apply	
Date:				4-H Club:				
Exhibitor Na	me:							
City, State, a	nd Zip Cod	le:						
Telephone/ce	ell phone nu	ımber:						
Optional In	formation:	Premises Re	gistration N	umber with N				
			This section	on is for anim		t your home		
1. Will all ☐ Yes	of your ani	mals be house	d at your hon	ne location?				
and submit t	o your Exte		or approval.	I grant the Ex	tension agent	permission to c		t your home location H member's animals
If your answ	er is Yes, p	lease sign bel	ow.					
I hereby cer	tify that I	have read the	above infor	mation and w	ill comply w	ith the rules se	t forth above.	
4-H Membe	r's Signatu	ıre			Parents/Gi	 ıardian's Signa	ture	

This section for animals NOT housed at your home

2.	. List the particular circumstances that prevent you from having your project animals(s) housed at your primary residence.							
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3.	Please indicate where (including address) each animal will (Horse projects only : □ Check this box if your horse(s) is							
La	andlord/Caretaker Name:							
Ph	hysical Address:							
Cit	ity, State, and Zip Code:							
Te	elephone/cell phone number:							
Op	ptional Information: Premises Registration Number with	NAIS:						
4.	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)?							
5.	If you will not be providing primary care for your project as will be providing primary care, when they will be caring for care for the project animal through the ownership period.							
6.	What 4-H shows do you plan to participate in? You will be the shows below:	under the same primary	care requirements at all times. Please list					
pro ani	s the landlord/caretaker of the property listed above, I acknown according to the 4-H member to be extensively and corroperty. If deemed necessary by the Extension agent, I grant the himals while they are housed on my property provided advanced	ntinuously involved in the Extension agent permis	se care of their animals housed at my sion to check on the 4-H member's given.					
La	andlord/Caretaker's Signature		Date					
Ιh	hereby certify that the above information is truthful and a	ccurate.						
4-]	-H Member's Signature	nber's Signature Parents/Guardian's Signature						
4-1	H Leader's Signature							
*Y	Your request for Animal Care Exemption has been:	Approved	☐ Denied					
	-H Extension Agent's Signature ev: 10.1.07		Date					