

PRIMARY CARE & HOUSING FORM

(CIRCLE ONE): JR. MARKET GOAT

JR. MARKET LAMB

JR. MARKET STEER

DUE NOVEMBER 1 WITH ENTRIES

HUMANE POLICY STATEMENT FOR JUNIOR MARKET 4-H/FFA LIVESTOCK PROJECT(S)

It is the responsibility of every 4-H/FFA member to ensure that proper care is taken of their animal(s) according to acceptable methods of good animal husbandry. A healthy animal requires sufficient food, water, shelter and appropriate health care. Cruel and inhumane fitting or training methods are prohibited in any 4-H/FFA program and will not be tolerated by the National Western Stock Show. Specific animal husbandry guidelines and humane training methods are provided in the appropriate 4-H/FFA manual.

The National Western 4-H/FFA current project recommendation for primary care states that "4-H/FFA members will provide primary and continuous care of their project animals". Primary care is defined as the 4-H/FFA member making the decisions for and/or providing the care, handling and training of their animal project(s) a majority of the time. 4-H/FFA members must keep a record book on their project animal(s). 4-H/FFA members and legal guardians acknowledge that the approval of facilities and animal welfare checks may be conducted at any time by the local county extension agent or their representing body without advance notice. Random visitations may occur.

Primary care exemption must be provided 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 in writing. An appeal may be submitted through established grievance channels established in each county.

Submission of this primary care document is REQUIRED by all junior market participants. Please complete, sign and submit to National Western Stock Show with your entries by November 1.

Exhibitor Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Cell Phone _____

Date _____ 4-HClub/FFA Chapter _____

1. Will all your swine be housed at your primary residence? YES _____ NO _____

• If your answer is YES, please sign below.

• If your answer is NO, please answer the following questions on the back of this form and submit to your Extension Agent or FFA Advisor for approval.

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

Exhibitors Name (print): _____

Exhibitors Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Parent/Legal Guardian Signature: _____ Date: _____

If you answered NO to the question on the front of this form, please complete the following information. If you answered YES, you do not have to complete this side of the form.

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

3. If your project animal(s) will not be housed at your primary residence please indicate where (including address) each animal will be housed and the landlord/caretaker of the residence.

Landlord/Caretaker: _____

Physical address: _____

City, State and Zip Code: _____

Telephone/Cell Phone Number: _____

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

5. If you will not be providing primary care for your project animal(s) during the entire ownership period, please 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.

As the landlord/caretaker of the property listed above, I acknowledge the 4-H/FFA programs intent is education; as such I will encourage and require the 4-H/FFA member to be extensively and continuously involved in the care of their animal(s) housed at my property. If deemed necessary by the Extension Agent or FFA Advisor, I grant the Extension Agent, FFA Advisor or a designated person acting in their stead, permission to check on the 4-H/FFA member's animal(s) while they are on my property. _

Landlord/Caretaker Name (print): _____

Landlord/Caretaker Signature: _____ Date: _____

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

4-H/FFA Member's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Extension Agent/FFA Advisor Name (print): _____ Title: _____

Extension Agent/FFA Advisor Signature: _____ Date: _____

Your request for primary care exemption has been:

APPROVED

DENIED
