

**Official Entry Form**  
**Cattaraugus County 4-H & FFA Market Beef and Dairy Steer**  
**Due in the 4-H Office or Postmarked by January 31<sup>st</sup>**

Send to: 4-H Office, Cornell Cooperative Extension, 28 Parkside Drive, Ellicottville, NY 14731  
(Members are limited to one steer at the County Fair Show and Sale)

BEEF

OR

DAIRY STEER

For 4-H or FFA member to complete:

1. Member's Name: \_\_\_\_\_
2. Member's Address: \_\_\_\_\_
3. Member's Age As of Jan. 1<sup>st</sup> of Current Year: \_\_\_\_\_
4. Club or Chapter: \_\_\_\_\_

Is this your first year showing a Bee/Dairy Steer: **YES** **NO**

5. Steer's Name: \_\_\_\_\_
6. Breeder's Name: \_\_\_\_\_
7. Breed of Animal: \_\_\_\_\_
8. Date Purchased: \_\_\_\_\_ Wt when purchased or started on feed: \_\_\_\_\_

I have read the Rules and Policies Governing 4-H & FFA Market Beef and Dairy Steer and the Market Sale Rules and agree to comply.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Parent/Guardian

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RETURN TO 4-H OFFICE WITH ABOVE ENTRY FORM

**Official Age Certification Form**

Cattaraugus County 4-H and FFA Beef/Dairy Steer Show and Sale

Date: \_\_\_\_\_

This is to certify a steer purchased by: \_\_\_\_\_

This above identified steer was born (mm/dd/yy): \_\_\_\_\_ Ear Tag or Tattoo: \_\_\_\_\_

Breeder's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Breeder's Name: \_\_\_\_\_

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

**II FOR A VETERINARIAN TO COMPLETE**

1. Steer's Identification Number: NYS21- \_\_\_\_\_

2. Breed: \_\_\_\_\_

3. Circle

YES NO This steer has been properly castrated. Method used: \_\_\_\_\_

YES NO This steer has been properly dehorned or scurs 1 inch in length.

YES NO This steer is in good health and appears to be of proper weight for age.

4. Check here if the animal appears not to have any beef or dairy respectively cross bloodlines.

Date of Exam: \_\_\_\_\_ Veterinarian's Signature: \_\_\_\_\_