



4-H PROJECT ANIMAL REPLACEMENT FORM

Exhibitor Portion: Date of replacement request _____

Exhibitor Name _____ Phone Number _____

Mailing Address _____

Location of animal _____

Project Description: _____

Summary of Issue: _____

Has a replacement project animal been identified yet? _____

Agent Portion: Date of Observations _____

Replacement Decision (circle one): yes | no

Replacement weigh in date, weights, etc. _____

Signature of Exhibitor / Date

Signature of Parent or Guardian / Date

Signature of County Agent / Date