

## Colorado State 4-H/FFA Guidelines for Primary Care of Youth Livestock/Equine Projects

The Colorado 4-H/FFA current project recommendation states that “4-H/FFA members will provide primary and continuous care of their project animals.” Primary care is regarded as the 4-H/FFA member making the decisions for and/or actually providing the care, handling, and training of their project a majority of the time. 4-H members will keep a record book on their project animal(s). The exemption of primary care 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.

### Humane Policy Statement for 4-H Livestock Project

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, as set forth by Colorado State University Cooperative Extension and the Colorado Department of Agriculture. A healthy animal requires sufficient food, water, shelter, and correct health care. Cruel and inhumane training methods are not appropriate in the Colorado State Cooperative Extension 4-H program. Specific animal husbandry guidelines and humane training methods are provided by the appropriate 4-H manual.

Each situation will be evaluated within the exhibitor’s county by an appropriate review body and approval or disapproval of the situation will be delivered to the participants, in writing. Appeals to decisions will be submitted through established grievance channels established in each county. 4-H/FFA members and guardians acknowledge that approval of facilities and animal welfare checks must be allowed at anytime by the local County Extension Agent or their representing body, without advance notice, or permission to participate in the project of concern is denied. Random visitations may occur.

Submission of these documents is required by all animal project participants, for each project entered in each year of exhibition. Please complete, sign, and return to your County Extension Office.

---

Date: \_\_\_\_\_ 4-H Club/FFA Chapter: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

---

1. Will all of your animals be housed at your **primary residence**? Submission of this form does not give approval of the project not being housed at the primary residence.

Yes       No

*If your answer is No, please answer the following questions on this form.*

*If your answer is Yes, please sign the back page.*

2. List the particular circumstances that prevent you from having your project animals(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 who is the landlord of this location and why it will not be housed at your residence.

---

---

---

4. What is your plan for traveling to and caring for the project animal(s) not located at your primary residence?

---

---

---

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 and why you are unable to provide primary care for the project animal through the ownership period.

---

---

---

6. What 4-H shows do you plan to participate in? You will be under the same primary care requirements at all times. Please list shows:

---

---

---

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

\_\_\_\_\_  
**Landlord Signature**

\_\_\_\_\_  
**Date**

**I herby certify that the above information is truthful and accurate.**

\_\_\_\_\_  
**4-H/FFA Member's Signature**

\_\_\_\_\_  
**Parents/Guardians Signature**

\_\_\_\_\_  
**FFA Advisor or 4-H Leaders Signature**

\*Your request for Primary Care Exemption has been:

**Approved**

**Denied**

\_\_\_\_\_  
4-H Extension Agent/FFA Advisor

\_\_\_\_\_  
Date