

**THIS FORM IS DUE TO YOUR RABBIT LEADER BY THE JUNE 2026
RABBIT/CAVY MEETING**

Niagara County 4-H Meat Rabbit Auction Entry Form

4-H Member's Name _____

Name of parent or guardian _____

Phone # _____

Rabbit Breeds: _____

Date of Birth or age of Rabbits: _____

Ear tattoo # of first rabbit (if applicable) _____

Ear tattoo # of second rabbit (if applicable) _____

We have read the General Rules of Niagara County 4-H Meat Rabbit Sale. We understand them fully and agree to abide by them. By signing this, I understand that if we disregard any of the 4-H auction or animal species rules, including the 4-H Code of Conduct, our animals could be dismissed from the auction and/or Niagara County 4-H show. This signed agreement is my letter of intent to auction off this species at the current year's livestock auction:

4-H Member's Signature: _____

4-H Parent/Guardian's Signature: _____

Date of Signatures _____

