Isabella County 4-H Horse Project Registration Form

This form **plus** your negative coggins report and registration fees must be turned in by **your 4-H Horse Leader by May 15th** to the Extension office to allow you to take a horse to the fair.

**Remember that Cloverbuds need a separate sheet even if they are using another members horse and they do not need to pay $15**

Check the box below that corresponds with the discipline that this horse is being used for:
- [ ] Cloverbud
- [ ] Regular
- [ ] Backup
- [ ] Driving
- [ ] Jumping
- [ ] Speed

- [ ] Speed - only brought in on speed day  
  (4-H’ers will need to be at the fair everyday)

Please list all marking and distinguishing scars or tattoos below

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Place a color picture of your horse here

Please make sure that the picture is clear. It may be printed from a color printer. This box fits a 3x4”

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Horse Name: ___________________________ (barn name)  Age: ______

Member Name: ___________________________  Age (as of Jan 1st): ______

Club Name: ___________________________

Member Phones: (home) ___________________________ (cell)__________

Horse Owner Name: ___________________________
  Phone: (home) ___________________________ (cell)__________

Leader Name: ___________________________ (phone)__________

Vet Name: ___________________________ (phone)__________

By signing below both the member and the leader certify that this registration is to the best of their knowledge and that the member has read the handbook, has a copy of the rules and regulations and has completed all forms associated with this project.

Members signature ____________________________________________  Leader signature ____________________________________________
Isabella County 4-H Horse Project Vaccination Certificate

Owner’s Name:__________________________________________

Horse’s Name:__________________________________________

Sex of Horse:_________________________ Age:_______

Type of Vaccine

EEE____ WEE____ Tetanus____ EXP DATE____/____/____

Rhino____(req.) Influenza____ EXP DATE____/____/____

VEE____ Potomac____ Strangles____ West Nile____

Some optional vaccinations will be in a normal 6 in 1

EXP of optional vaccinations____/____/____

Signature of Person Administering Vaccination

____________________________________________________

Copy of proof of purchase to be attached