

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)

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"

Please list all marking and distinguishing scars or tattoos below

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