4-H Horse/Pony Project Animal Change Request Form

Due Date: Completed form (plus veterinary slip where applicable) is due in the St. Joseph county MSU Extension office at least one (1) working day prior to the next regularly scheduled 4-H Horse Council Meeting. Note: The last possible date to submit a change request form is August 15 of the current project year.

Member Name __________________________________________ Club________________________________________

Address ____________________________________________ Street No./P.O. Box ____________________________
City _______________________________________________ State __________ Zip code ________________

Parent/Guardian Names ____________________________________________________ Phone ______________________

I am requesting that the following horse/pony be added to my 4-H Horse/Pony Project Animal Registration Form:

Name __________________________________________________ Owners name ________________________________

Horse Nickname _________________________________________ Registration Assoc. __________________________
(enter “grade” if not registered)

Age (yrs.) ______________________

☐ Mare ☐ Gelding ☐ Stallion

Discipline Shown in: ☐ Driving ☐ Gymkhana ☐ Pleasure

☐ Pony: St. Joseph County 4-H Pony ID No.

◆ _____________________________

Color/Markings: ________________________________

______________________________________________

I am requesting that the following horse/pony be deleted from my 4-H Horse/Pony Project Animal Registration Form:

Name ________________________________ County Pony Registration Number ____________________________ (if applicable)

The reason(s) I am requesting the change noted above is/are as follows:

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

(continued over)
Additional space for explaining reason(s) for change request (if needed)

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______________________________
______________________________
______________________________
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Attention: A veterinary slip must be submitted in addition to this form if the reason(s) for the change request is medical in nature (including due to an injury to the animal). The veterinary slip must be on the veterinary clinic’s letterhead, and must be completed, signed and dated by the attending veterinarian.

I certify that the information recorded on this form is accurate and correct to the best of my knowledge.

Member Signature__________________________ Date______/______/______
Parent Signature__________________________ Date______/______/______

4-H Leader Comments (must be member’s horse club organizational leader):

Check one:   ______ I support this change request
             ______ I do not support this change request

Reason(s) for supporting/not supporting change request (including any additional information, above and beyond that supplied by the 4-H member, that will help the 4-H Horse Council Project Animal Change Review Committee better understand the reason(s) for the change request):

______________________________
______________________________
______________________________
______________________________
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______________________________

Leader Signature__________________________ Date______/______/______

Change Request Outcome: The 4-H Horse Council Project Animal Change Review Committee has reviewed this 4-H horse/pony project animal change request and decided to:

_______ approve the change request
_______ deny the change request

Committee Chairperson Signature__________________________ Date______/______/______

M:\4HYouth\Horse Council\Horse Project Rules\Project Animal Change Request Form