



Horse Identification Form



Rider/Driver Information

Name: _____ Telephone #: _____

Mailing Address _____ City: _____ State: _____

Email: _____ Parents Names: _____

Horse Identification:

	Name of Horse	Color	Age	Discipline
#1				ENGLISH – WESTERN - DRIVING - SPEED - DRILL
#2				ENGLISH – WESTERN - DRIVING - SPEED - DRILL
#3				ENGLISH – WESTERN - DRIVING – SPEED - DRILL
#4				ENGLISH – WESTERN - DRIVING – SPEED - DRILL

Ownership: Youth may own the horse themselves or use a family-owned horse (*immediate family: parent, stepparent, sibling, stepsibling, grandparent, or legal guardian*). In any case, the youth participant must manage the horse at least 75 percent of the time from May 1 through September 30. The 4-H project year starts in October and goes through September 30. 4-H Horse project horses must be identified and reported to the board of committee members or Adult Advisor for the project.


Lease: The leasing option is intended for youth who do not have access to family-owned horses or who want to expand their participation in the 4-H horse project. • A horse that is leased must be identified through the county or district extension office on or before May 1. Youth must share management of the horse.

Owner Name _____ Address _____ Phone _____

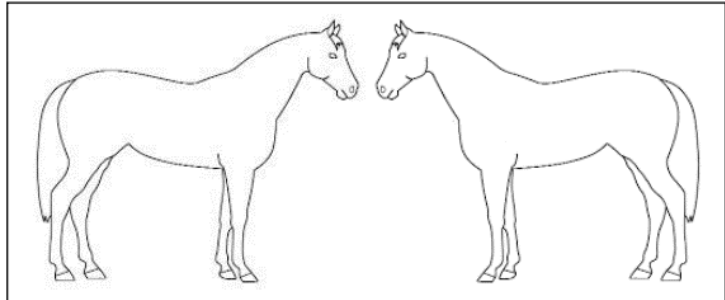
Important

Please Attach an up-to-date **Coggins** along with this form: If your **Coggins** does not show colored photos, please include a photo showing all four feet/legs and a profile of the horse with the head turned a quarter turn toward the camera. **All markings need to be clearly visible in the photo.**

Display Markings of Project Horse



Sketch Markings or Attach Photo of Horse



By signing this form, I agree to read and follow the "Walworth County Horse and Pony 4h Handbook" information for the project. I agree to send a \$10 nonrefundable fee by mail or person with this form prior to clinic start.

Signatures on File:

Member/s _____	Date _____
Parent or Guardian _____	Date _____
Owners (if leased) _____	Date _____
County Agent _____	Date _____