

Date____

4-H HORSE IDENTIFICATION CERTIFICATE

		Year	County
Member's Name	Address		Age Jan. 1, 20
Name of other Member if a Joint Project	Address		
Phone E-mail	Club Name	Approved County Extensi	on Educator Date
Name of Horse	Reg. #	:	
BreedAge	SexColors	Heigh	nt
This horse is owned by me:by my far	mily:or borrowed:		
Sketch markings and indicate colors or attach ph	otographs showing both sides and	face.	.
		£ , J	
707 701][}]	l LA	
ge e	R_{i}	3 66	
Name of Horse	Reg. #		
BreedAge	SexColors	Heigh	nt
This horse is owned by me:by my far	mily: or borrowed:		
Sketch markings and indicate colors or attach ph	otographs showing both sides and	face.	A
		_ /	
		E J	
1/1-1/			
		<i>\\</i> \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
If horse is owned by someone other than you or you	our immediate family, the owner r	nust complete the follow	wing affidavit on next page
	OWNER'S AFFIDAVIT		
As owner of the horse(s) described above, I certify	that		
has my permission to use this animal in the 4-H p	project.	Name(s)	
I understand that the 4-H member(s) must man have access to this horse at least 75% of the time			all management, etc.) and

Owner of horse____

IDENTIFICATION OF 4-H ANIMALS FOR NEBRASKA DISTRICT, STATE AND INTERSTATE SHOWS

Only 4-H members 10 years of age or older on January 1 of the current year will be certified for state or interstate shows.

Horse

Animals must be identified by color markings or photograph. Project animals not owned by the exhibitor or his family must have an affidavit from the owner certifying that the exhibitor will manage and have access to the horse at least 75% of the time during the course of the project year. The term **manage** includes **all** of the following: feeding, grooming, exercising, training, stall management and use of the horse.

NOTE: USE BALLPOINT PEN. PRINT LEGIBLY. BE CERTAIN OF INFORMATION BEFORE FILLING OUT FORM. CORRECTIONS ARE DIFFICULT TO MAKE.

