

4-H HORSE IDENTIFICATION CERTIFICATE

			Year	County
Member's Name		Address		Age Jan. 1, 20
Name of other Member if a Joint Project		Address		Age Jan. 1, 20
Phone	E-mail	Club Name	Approved County Extens	
Name of Horse		Re	.g. #	
Breed This horse is owned by me	AgeSex_ e:by my family:	Colorsor borrowed:	Heigh	at
Sketch markings and indi	cate colors or attach photograph	as showing both sides a	and face.	
Name of Horse		Reg.		
Breed	AgeSex_ e:by my family:	Colors or borrowed: _		nt
Sketch markings and indi	cate colors or attach photograph	as showing both sides a	and face.	
If horse is owned by some	one other than you or your imm	ediate family, the own		wing affidavit on next pag

As owner of the horse(s) described above, I certify that	
has my permission to use this animal in the 4-H project.	Name(s)

I understand that the 4-H member(s) must manage (including feeding, grooming, exercising, training, stall management, etc.) and have access to this horse at least 75% of the time during the course of the project year.

Date_____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.

