

Date____

4-H HORSE IDENTIFICATION CERTIFICATE

			Year	County	
Member's Name		Address, City, State and ZIP		Age Jan. 1, 20	Age Jan. 1, 20
Name of other Member if a Join	t Project	Addı	ress		
Phone	E-mail	Club Name	Approved County	y Extension Educator D	ate
Name of Horse		I	Reg. #		
Breed	AgeSex	Colors		Height	
This horse is owned by me:_	1 1	or borrowed:			
Sketch COMPLETE ma DO NOT ATTACH QUA				ng both sides and face	•
Name of HorseBreedThis horse is owned by me:	Age Sex			Height	
Sketch COMPLETE ma DO NOT ATTACH QUA	arkings and indicate co	olors or attach ph	otographs showi	ing both sides and face	e.
If horse is owned by someone				he following affidavit on nex	xt page
		NER'S AFFIDA	VIT		
As owner of the horse(s) desc has my permission to use thi			Na	me(s)	
I understand that the 4-H m have access to this horse at l	nember(s) must manage (inc			ning, stall management, etc	e.) 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.

