

# 4-H HORSE PROJECT REGISTRATION FORM

Due to the La Crosse County UW-Extension office on or before **4:30 p.m.** on **May 1st.**

This form must be submitted for **each** horse/pony you intend to show at the Fair.

**FAILURE TO DO SO WILL ELIMINATE THE ANIMAL FROM SHOWING AT THE FAIR.**

***\*\*Complete and file a separate form for ANY AND ALL HORSES YOU MAY CONSIDER showing at the Fair, including any back up horse in case of injury/illness\*\****

**Horse Identification:** Indicate all markings, scars, or brands on diagram below **OR** attach a color copy of your electronic Coggins test which has photos of your horse.

Member's Name: \_\_\_\_\_

Member's Grade as of January 1st: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of ownership or management of animal: \_\_\_\_\_

If management, who owns the animal: \_\_\_\_\_

Breed: \_\_\_\_\_

Registered or Grade (*circle one*)

Foaling Date: \_\_\_\_\_

Mare or Gelding (*circle one*)

Body Color: \_\_\_\_\_

Height: \_\_\_\_\_

Registered Name of Animal: \_\_\_\_\_

Mane Tag or Nickname of Animal: \_\_\_\_\_

## ACKNOWLEDGEMENT

*We agree that all of the information on this form is correct. We agree that we have received the La Crosse County 4-H Horse Project Handbook. We understand the contents and agree to abide by the guidelines and rules as stated therein.*

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

La Crosse County UW-Extension Office | 212 6th St. N Suite 2200 | La Crosse, WI 54601

