SHEBOYGAN COUNTY 4-H HORSE & PONY PROJECT IDENTIFICATION SHEET (ID SHEET)
All Members Exhibiting a Horse Must Complete
DUE AUGUST 1st

Only one horse may be shown unless you are 9th Grade & older & have completed the requirements for bringing 2 horses with committee approval. If showing 2 horses complete a primary ID sheet for each horse. This sheet must be COMPLETELY filled out and received by the Sheboygan County Horse & Pony Project Committee Chairperson <u>on or before August 1st</u> of the current year to be eligible for fair.

MEMBER NAME _____ PHONE_____

MEMBER ADDRESS _____ CITY _____ ZIP_____

DATE OF BIRTH _____ AGE AS OF JAN 1ST OF CURRENT YEAR_____

4-H CLUB _____ GRADE AS OF JAN 1st OF CURRENT YEAR _____

PARENTS' NAME/ADDRESS _____

PREMISE ID (Where horse is kept/resides) _____

HORSE'S NAME (AS ON COGGINS) _____

BREED _____ HEIGHT IN HANDS_____

Circle One: PONY   HORSE   (If pony, Committee member must measure and initial height)

I am (circle one): REGULAR MEMBER   HHG
   Regular Members and HHG Members must turn in separate ID sheets.

<u>SUBMIT WITH ID SHEET A COPY OF</u>:
- ☐ **CURRENT COGGINS**
- ☐ **VACCINATION PROOF**
- ☐ **EMERGENCY RELEASE**

Does this horse have any behavioral characteristics the Horse and Pony Committee needs to be aware of to ensure safety?

_____

_____

_____

4-H Member Signature and Date _____

4-H Member Parent and Date _____

PLEASE COMPLETE THE REVERSE SIDE AS WELL.

UPDATED 1/15/2025

WRITE A DESCRIPTION OF YOUR HORSE/PONY: _____

_____

_____

_____

ATTACH COLOR PICTURES OF YOUR HORSE SHOWING EACH SIDE AND FRONT VIEW OF HORSE ON THIS PAGE. *ENTRIES FOR SHOWING AT THE FAIR WILL NOT BE ACCEPTED IF COLOR PICTURES ARE NOT SUBMITTED.* **COLOR PHOTOGRAPH - PLEASE TRIM PICTURES TO FIT - DO NOT LET PHOTOS HANG OFF THE PAGE.**

- -

BACK UP HORSES (2 ADDITIONAL HORSES):

☐ HORSE # 2 _____

☐ HORSE # 3 _____

PLEASE REMEMBER IF YOU NEED TO USE ONE OF YOUR BACK UP HORSES YOU MUST GET THE FOLLOWING DOCUMENTS TURNED INTO THE CHAIRPERSON AS SOON AS YOU KNOW.

☐ CURRENT COGGINS

☐ VACCINATIONS