**Fallon County 4-H Horse ID**

*To participate in county or state 4-H horse activities, this form must be on file at the Extension Office by June 1st.*

**4-H Member Information**

4-H MEMBER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4-H YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4-H Horse Information**

HORSE’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE REGISTERED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Registration Number)*

BREED/TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARE GELDING

WHO OWNS THE HORSE: You Family Leased from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Owners Name, Phone Number)*

***Turn in a copy of lease agreement with ID Form***

THIS HORSE IS MY PROJECT HORSE FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You can have a primary and a backup horse for each project: Western Horsemanship, English Horsemanship, and Working Ranch Horse. Driving Colt to Maturity and Green Horse can have one horse for each level.*

**Horse Picture/Description**

*List colors, brands, markings, and scars. Be as thorough as possible. Include photo showing a side view of the horse.*

**Agreement**

I certify this horse is a 4-H project for this year and the above information is correct to the best of my knowledge. I also agree to follow both county and state guidelines pertaining to the horse project.

|  |  |  |
| --- | --- | --- |
| **YEAR** | **MEMBER** | **GUARDIAN** |
|  |  |  |
|  |  |  |
|  |  |  |

Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Date filed: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Date Completed Horse Helmet Video:

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Fallon County Extension Office:** P.O. Box 850; Baker, MT 59313 // Phone: (406) 778-7110

