

WAUPACA COUNTY HORSE & PONY PROJECT EQUINE REGISTRATION (ID) FORM

This form is for all horse and horseless horse project members

Due Date: Equine ID forms are due on or before **July 15th** to the leader panel

No July 15th postmarks will be accepted by the project

Member Information:

Name _____ Date: _____

Address and City: _____

Phone Number: _____ Email _____

Grade (as of Jan. 1st current 4-H year): _____ 4-H Club or Organization: _____

Premise ID Number (where the animal is housed) _____

Type of Riding and Other Horse Project Interests (check all that apply):

<input type="checkbox"/> English	<input type="checkbox"/> Posters	<input type="checkbox"/> Vet Science	<input type="checkbox"/> Demonstrations
<input type="checkbox"/> Western	<input type="checkbox"/> Charts	<input type="checkbox"/> Scrapbook	<input type="checkbox"/> Driving
<input type="checkbox"/> Gymkhana	<input type="checkbox"/> Model Horse	<input type="checkbox"/> Horse Bowl	<input type="checkbox"/> Photography
<input type="checkbox"/> Dressage	<input type="checkbox"/> Displays	<input type="checkbox"/> Horse Judging	<input type="checkbox"/> Hippology
<input type="checkbox"/> Other _____			

Equine Information:

Equine Name _____ Age _____ Sex _____ Breed/Type _____

Color / Markings _____ Height in Hands _____

Ownership (check one of the following and complete the information)

Family Owned (list owner) _____

Managerial (list owner & their phone number) _____

Horseless Horse (list member or leader who owns) _____

ATTACH PHOTO OF YOUR HORSE/PONY HERE

How many years have you been riding? _____

How often do you ride? ___Daily ___Weekly ___Monthly

Can you ride safely in a group at a walk, trot and canter? ___Yes ___No

Can you groom, saddle, bridle and mount your horse? ___by yourself ___need assistance

List the goals you hope to accomplish with your project animal:

Do you take riding lessons? ___Yes ___No

Would you attend clinics, work-nights, and other horse activities if they are offered? ___Yes ___No

In no, please explain why (i.e. no horse trailer, time restraints, etc.)

Equine Information – provide the following information on your equine.

How long have you had your equine? _____

Describe your horse's training

Does your horse get along with other horses? ___Yes ___No

Does your horse have any bad habits such as kicking, biting, other? ___Yes ___No

Explain: _____

Submit this form with each equine that you are interested in showing at fair. Make copies for additional equines registered. Each member needs to fill out their own ID form per equine.