Permanent 4-H Horse Identification and Health Record

This page is not an official Idaho Brand document

Permanent 4-H Horse Identification Record

Be prepared to identify and prove that you own your horse. **Idaho Brand laws require a brand inspection when horses change ownership.** Insist on a brand inspection when you purchase a horse. The seller must prove ownership before a Brand Inspector will issue a Brand Inspection Certificate.

You may apply to any Idaho Brand Inspector for an **Ownership and Transportation Certificate** ("Lifetime"), which is valid for the lifetime of the horse, as long as you own the horse. This "Lifetime" Certificate allows you to transport your horse to and from any other state.

Seasonal Certificates are also available. They allow you to transport your horse anywhere in Idaho or to and fro a neighboring state (except Montana). Horses with your brand may be transported within Idaho by having your Idaho Brand card with you. You must give a written permit to anyone who transports you horse when you are not present in the vehicle.

Your local Brand Inspector will help you with forms and information, or you may write or stop in to see the State Brand Inspector, 2118 Airport Way, Boise, Idaho 83705 (telephone 208-334-2813).

Horse's name_____

Breed_____

Year foaled_____ Weight_____ Color_____

Name of sire (if known) _____

Name of dam (if known) _____

Additional Information

Describe any of the following markings below and shade in the diagrams at right (registration number, tattoos, wire cuts, scars, leg markings, brands, etc.). Describe these or any other identifying marks below.

_____

_____

_____

Indicate all markings in red (ink/pencil); Draw scars and brands in blue on the diagrams below.
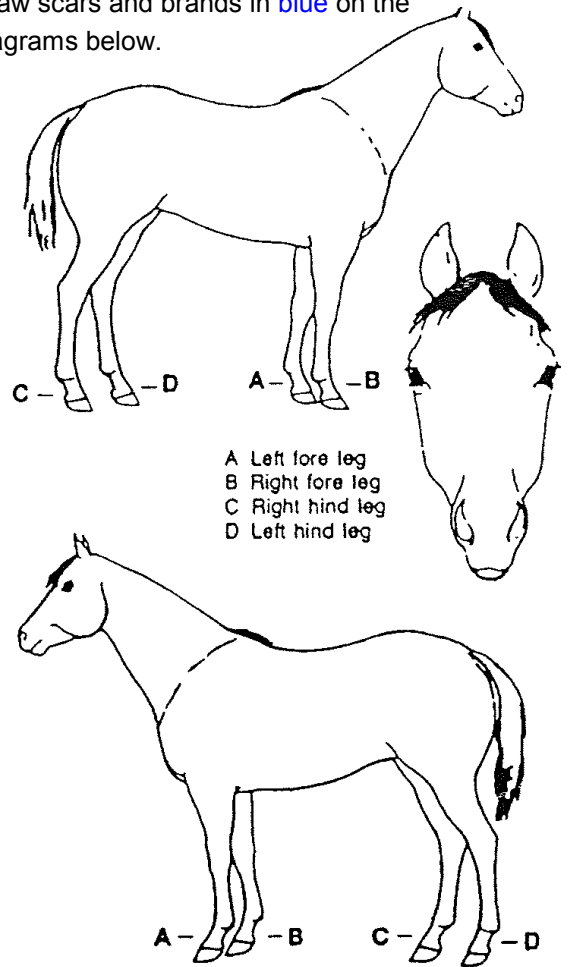
A Left fore leg
B Right fore leg
C Right hind leg
D Left hind leg

University of Idaho Extension

Permanent 4-H Horse Health Record

Horse's name _____ Member's name _____

This is designed to record all health management practices and /or treatments administered to the horse recorded on the front side of this form. It should include vaccinations, worming, hoof care/shoeing, etc.; anything that impacts this horse's overall health. Use a separate health record for each project horse.

Date	Symptoms/diagnosis (Lameness, injuries, etc.	Treatment/prevention (Worming, shoeing, etc.)	Product used (Product name, type, etc.)
Ex. 4/9/09	Rough hair coat, rubbing tail	Worming	Zimectrin paste

(continued on next page)

Permanent 4-H Horse Health Record (continued)

Date	Symptoms/diagnosis (Lameness, injuries, etc.	Treatment/prevention (Worming, shoeing, etc.)	Product used (Product name, type, etc.)

Record of Vaccinations

List date and all condition(s) targeted by each vaccination administered; add others in blanks provided.

Date (day/mo/yr)	Annual/ Booster	Tetanus	EEE	WEE	Influenza	RH	PHF		

EEE = Eastern Equine Encephalomylitis; WEE = Western Equine Encephalomylitis;; RH = Rhinopneumonitis; PHF = Potomac Horse Fever