



Jerome County 4-H Horse ID Sheet

Submit this form with photo(s) to your 4-H Leader WITH your 4-H Member Enrollment or Re-enrollment forms **ASAP at the BEGINNING of the 4-H year.** Or send direct to:

Jerome, County Extension, 600 2nd Ave. W, Jerome, ID 83338
April 1 (postmarked or delivered)

Failure to entirely complete this form, attach photos and submit by postmarked date will void your eligibility to compete!!

Member Name _____ Phone(s) _____

Years in 4-H Horse Project(s) _____ Current grade in school _____

4-H Group _____ Leader: _____

Project: (check all that apply) Western _____ English _____ Horse Under 5 _____ Walk/ Trot _____

COMPLETE for each project animal per year.

Name of Horse _____ Age _____ Breed _____

Registration Number (if any) _____ Date Obtained _____

From _____

Attach side view photo-Include Face & Leg Markings-**NOTE: Photos must be attached every year!**

Sex _____ Height _____ Weight _____ Color _____ Brand _____ Markings _____

Place photo in the space provided below

Member Name: _____ Skip to bottom if you only have one horse. Second Horse (Fill out additional forms if you have more than 2 project horses)

Name of Horse _____ Age _____ Breed _____

Registration Number (if any) _____ Date Obtained _____

From _____

Attach side view photo-Include Face & Leg Markings-**NOTE: Photos must be attached every year!**

Sex _____ Height _____ Weight _____ Color _____ Brand _____ Markings _____

Place photo in the space provided below

REQUIRED!

HORSE EMERGENCY TREATMENT AUTHORIZATION

It is the responsibility of the parent/owner to have an emergency care plan for their horse(s). If I (parent/adult owner) am not present at event I direct the Lincoln or Adams County 4-H Horse Leaders to take the following action in the event of an emergency requiring veterinary care:

I (parent or adult owner) have checked my treatment option(s) below

1. _____ Take no action other than contacting me. I accept the consequences of delayed action if I cannot be reached.
2. ****** _____ Contact my regular veterinarian, Dr. _____, phone _____. He/She has my permission to perform treatment which is necessary in his/her professional opinion. All veterinarian expenses are at owner's expense.
3. ****** _____ Contact local veterinarian, Dr. _____, Phone _____ or Dr. _____, phone _____ if I or my regular veterinarian cannot be reached. All veterinarian expenses are at owner's expense.

Parent/Owner Signature: _____ Date: _____

Printed Name: _____ Phone(s) _____

**** Event staff will make every effort to notify parent/owner prior to treatment of horse**