

HORSE AND PONY IDENTIFICATION FORM

**FOR PROJECT YEAR 20\_\_\_\_\_**

RETURN THIS COMPLETED FORM TO THE SERGEANT AT ARMS (SEE OFFICER LIST FOR NAME AND ADDRESS) BY MAY PROJECT MEETING.

IN THE BEST INTEREST OF YOUR HORSE THESE ARE THE VACCINATIONS REQUIRED TO SHOW YOUR HORSE AT THE COUNTY FAIR.

SIGNATURE of CLUB MEMBER\_\_\_\_\_

ADDRESS\_\_\_\_\_CITY/ZIP\_\_\_\_\_

CLUB\_\_\_\_\_PHONE NUMBER\_\_\_\_\_AGE\_\_\_\_\_

COUNTING THIS YEAR, GIVE NUMBER OF YEARS YOU HAVE BEEN ENROLLED IN THE HORSE PROJECT\_\_\_\_\_

SIGNATURE AND APPROVAL OF PARENT\_\_\_\_\_

SIGNATURE AND APPROVAL OF OWNER\_\_\_\_\_

PHONE NUMBER OF OWNER\_\_\_\_\_

PREMISE ID NUMBER\_\_\_\_\_

DO YOU EXPECT A FOAL FOR THIS YEAR'S PROJECT? \_\_\_\_ YES \_\_\_\_ NO

ENCEPHALOMYELITIS VAC.\_\_\_\_\_COMPANY\_\_\_\_\_SERIAL#\_\_\_\_\_

(DATE)

TETANUS VAC.\_\_\_\_\_COMPANY\_\_\_\_\_SERIAL #\_\_\_\_\_

(DATE)

ENCEPH. BOOSTER\_\_\_\_\_COMPANY\_\_\_\_\_SERIAL #\_\_\_\_\_

(DATE)

TETANUS BOOSTER\_\_\_\_\_COMPANY\_\_\_\_\_SERIAL #\_\_\_\_\_

(DATE)

INFLUENZA BOOSTER\_\_\_\_\_COMPANY\_\_\_\_\_SERIAL #\_\_\_\_\_

(DATE)

RHINO VAC.\_\_\_\_\_COMPANY\_\_\_\_\_SERIAL #\_\_\_\_\_

(DATE)

\_\_\_\_\_  
(PERSON ADMINISTERING VACCINATION)

\_\_\_\_\_  
(SIGNATURE OF PERSON)

## IDENTIFICATION OF HORSE PROJECT ANIMALS

NAME OF ANIMAL \_\_\_\_\_

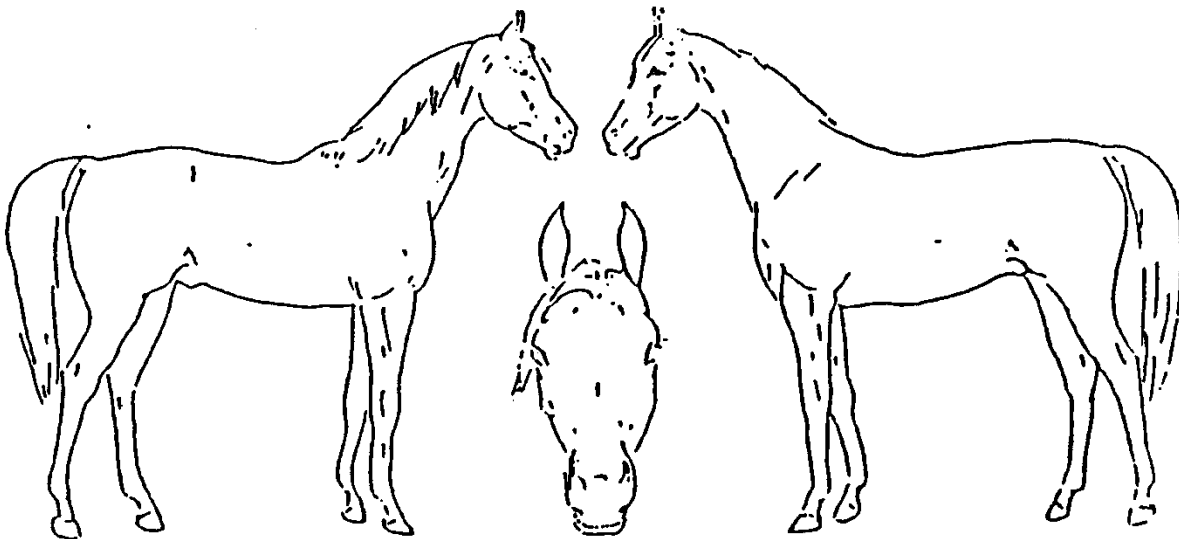
CHECK ONE: \_\_\_\_\_ MARE \_\_\_\_\_ GELDING

If mature, give height in inches at withers \_\_\_\_\_.

If still growing, check expected height at maturity: \_\_\_\_\_ Over 56" \_\_\_\_\_ Under 56".

Is animal registered? \_\_\_\_\_ No If yes, give Association \_\_\_\_\_

## OUTLINE ALL MARKINGS IN DIAGRAM



Predominant Body Color \_\_\_\_\_

Secondary Colors (spots, markings) \_\_\_\_\_

Hoof Color: Left Front \_\_\_\_\_ Right Front \_\_\_\_\_

Left Rear \_\_\_\_\_ Right Rear \_\_\_\_\_

Date of birth, if known \_\_\_\_\_ Or approximate age in years \_\_\_\_\_

Owner of this animal is \_\_\_\_\_

If owned by yourself or parent, give year acquired \_\_\_\_\_