Broadwater County 4-H

Horse Identification Form

Project Horse Identification Due on **MAY 1**st of Each Year.

If changing project horse after May 1st, please submit this form along with written explanation. Changes after May 1st must be approved by the 4-H Horse Committee.

Member Name: Phone Number: Owner Name: Project(s) this horse is used for:	Email Address: Parent/Guardian: Owner Phone:	
Horse Barn Name: Registered Name*: Breed*: Age:	Gender: Color*: Marking(s): Brand(s)*:	Height:

Registered Name may not be applicable, indicate N/A.; unregistered horse, indicate Breed such as Welsh pony, grade Quarter Horse, Arabian cross, etc.; horses that are color breeds like Paints, Appaloosas, or Pinto, list the base color (ex. Sorrel); Brands may not be applicable if horse has no brand(s). If this is the case, write "none." If horse is branded or has multiple brands, indicate brand and location and include if they are a freeze or hot iron brand.

Insert photos below. Photos can also be emailed to the office or hard copies attached.

Right Side

Front

Left Side

Member Signature:

Parent Signature:

Date:

Date:

Broadwater County Extension Office, 416 Broadway, Townsend MT 59644 (406) 266-9242 imes broadwater@montana.edu

Broadwater County 4-H

Horse Vaccination Report

Vaccination report is due on **MAY 1**st or the first riding practice, whichever is first. Required vaccinations include influenza, tetanus, rhinovirus and encephalitis (sleeping sickness).

Owner/Rider Information

*Indicate if rider information is different from owner.

Owner Name:

Rider Name *:

Horse Information

Horse Name:

Is there a Horse ID Form on file for this horse at the Extension Office? Yes No

Vaccination Information

Vaccine	Manufacturer	Date of Vaccination (m/d/y)

Vaccinated By

Vaccinated By (please print) *:	Signature:
Vaccinated By (please print) *:	Signature:
Vaccinated By (please print) *:	Signature:

* If administered by multiple people, please indicate which vaccine was administered by each signor.

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Please mark if a Leader's Horse:

Leaders Name:

City:

Phone: