

RI 4-H Horse Project Verification Form 4-H Year _____ to _____

Instructions

1. Fill out one of these forms for EACH project horse, including a substitute horse, if you have one.
2. **ALL** of the signatures below are required to be officially accepted as a registered horse project for ESE.

Member _____ Date _____

Parent _____ Date _____

Leader _____ Date _____

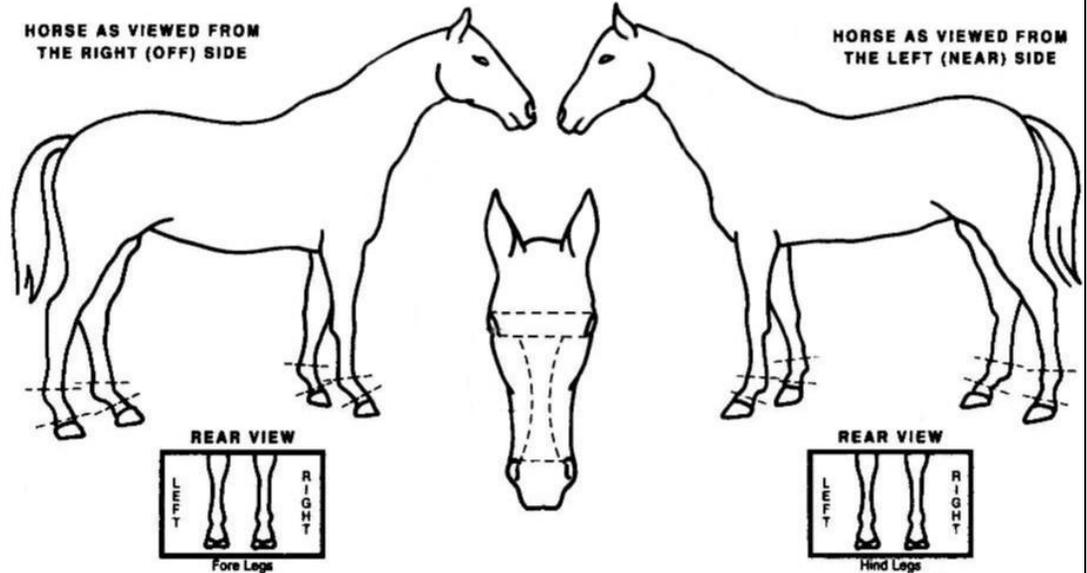
Owner _____ Date _____

Check one: Primary Horse _____ Substitute Horse _____

Parent E-mail Address _____

Parent Cell Phone # _____

**DRAW ALL MARKINGS, BRANDS, AND SCARS ON DIAGRAM.
TAPE OR STAPLE A 4 x 6 FULL VIEW COLOR PHOTO OF YOUR HORSE OVER THIS
DRAWING SO IT CAN BE FLIPPED UP TO SEE THIS DRAWING.**



MEMBER INFORMATION

HORSE INFORMATION

Member's Name		Horse Registered/Show Name	
Date of Birth		Barn Name (if different)	
Address		Age	(if unknown put age by teeth)
City, State, & Zip		Sex	<input type="checkbox"/> Gelding <input type="checkbox"/> Mare
Phone or Cell Number		Weight Height	
Member Email address		Color	
Years in 4-H		Breed	
Years in 4-H horse project		Riding or Driving/In hand?	
Date started with this horse		If Riding, English or Western?	
Club Name		Horse Ownership Level	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Polo/Tee Shirt Size		Is this a Shared Project Horse	<input type="checkbox"/> No <input type="checkbox"/> Yes
Zip-up Jacket Size (Adult)		Date Received at 4-H Office	

SIGNATURES ON THIS FORM SIGNIFY THE INFORMATION IS ACCURATE AND HAS BEEN VERIFIED BY EACH SIGNER

Please return this form to the RI State 4-H Office by May 1st of the current year.

Make sure that the Horse's Registered/Show Name is the same on all Health Forms.