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

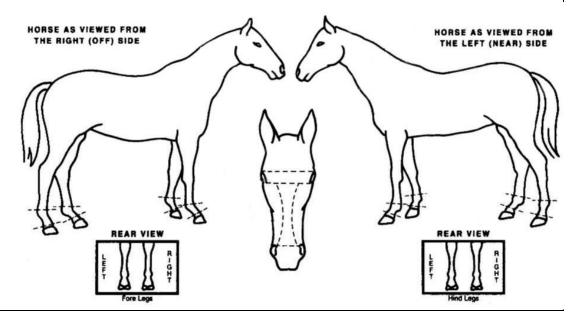
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In	stru	icti	ons

- 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.
- 3. Attach lease/management papers to form.

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	Gelding 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	Owned Leased
Polo/Tee Shirt Size	Is this a Shared Project Horse	☐ No ☐ 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 April 1st of the current year.

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