



Montcalm County Fair

EQUINE SUBSTITUTION REQUEST

Name of Exhibitor _____ Fair Age: _____

Name of Leader _____

Club Name: _____

Riding Level (circle one): Cloverbud W/T EWD Novice Intermediate Advanced

Reason for Substitution* _____ Health/Lameness of Equine _____ Safety of rider/equine

**Attach required written explanation from a veterinarian, farrier and/ or leader or trainer.*

1. **Attach** a color photo of the substitute animal(s). Photo **MUST** be a side view showing the entire horse/pony. without blankets or any other covering in the photo. A **colored** copy photo on the Coggins is acceptable for a photo.

2. **Attach** a negative EIA (Coggins) Test for the substitute animal. Coggins must be valid through 08/30/ of the current fair year and include the name, age, breed, sex and markings.

I am aware that a substitute equine is *NOT* eligible to be considered as a State Delegate and cannot win overall highpoint awards. Please initial _____

Substitute Equine's Name: _____

Name of equine being replaced: _____

Signed: _____ Date: _____
Parent/Guardian or Member if 18+

Signed: _____ Date: _____
Leader Leaders please double check all forms for completeness.

Horse Leaders Executive Board Use Only:

Substitution Request is: Approved _____ Not Approved _____

Notes: _____

Signed: _____ Date: _____
(President of the Executive Horse Leaders Board)

~This form may be submitted to the Horse Leaders at their meeting on the second Tuesday of June at the fairgrounds. Leaders may submit the completed form on behalf of the exhibitor and should add the topic to the agenda. The very last day for substitution requests is the Friday before the first Monday of fair week.