**OCEANA COUNTY 4-H HORSE PROJECT REGISTRATION**

**(Due by 4:00p.m on August 2, 2021)**

Current Year: \_\_\_\_\_\_\_\_\_ Member’s Age as of January 1 of the Current Year: \_\_\_\_\_\_\_\_\_\_\_\_

Received Parent Acknowledgement Form: \_\_\_\_\_\_\_\_\_ Negative Coggins Test: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle One:** Futurity Miniature/In Hand W/T 1st-2nd Yr. W/T 3rd-4th Yr.

W/T 5th Yr. and Up W/T/C 1st-2nd Yr. W/T/C 3rd-4th Yr. W/T/C 5th Yr. and Up

***(years are based on showing/competing at that level)***

**PICTURE OF HORSE**

Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horse’s Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_

Horse’s Age: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (Year foaled): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**HEALTH CARE RECORDS**

*Negative Coggins tests are required for all horses, no exceptions.*

*All vaccines listed are strongly encouraged. Oceana County H.D.C & the Oceana County*

*Fair-board are not held liable for any infectious disease/biohazard outbreak. Please turn in this record with your Project Registration, whether your horse has been given the vaccines or not.*

***PLEASE STILL TURN IT IN BY August 2nd, 2021***

|  |  |
| --- | --- |
| Test/Vaccination | Date Taken/Given |
| 1. Coggins Test |  |
| 2. Strangles Vaccination |  |
| 3. Tetanus Vaccination |  |
| 4. Rabies Vaccination |  |
| 5. Equine Influenza (EIV) |  |
| 6. Equine Herpies Virus (EHV 1 & 4) |  |
| 7. West Nile Virus |  |
| 8. Eastern Encephalitis (EEE) |  |
| 9. Western Encephalitis (WEE) |  |

**\* A copy of a negative Coggins test must be attached to this registration packet.**

**\*\* For items 3-9, proof may be in one of the following ways, attached to this form:**

**A. Dated, itemized bill with shots/vaccines from Veterinarian or pharmaceutical company. (Veterinarian or 4-H Leader’s signature required below.)**

**B. Veterinarian Certificate (Veterinarian signature required below.)**

*I certify that the horse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been administered these vaccines, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,*

*given by a licensed Veterinarian on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

Veterinarian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

*I certify that the horse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been administered these vaccines, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,*

*given by themselves or their 4-H Leader on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

4-H Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_