OWYHEE COUNTY 4-H HORSE IDENTIFICATION CERTIFICATE Year _____ CIRCLE ONE: **Project Horse Spare Horse Green Horse** Member's Name Address City State Age as of Jan 1 Name of Other Member if a Joint Project City State Age as of Jan 1 Address Phone E-mail Club Name of Horse_ Registration Number_ _____Age_____Sex_ ___Weight___ Colors (mare or gelding) Name of Sire ___ Name of Dam This form is due to the OCHL or the Owyhee County Extension Office no later than the April OCHL meeting Indicate all markings in RED ink, For any of the following and scars and brands in BLUE markings: ink on the diagram. registration tattoo, wire cuts, scars, leg markings, brands, etc., mark the diagram. Describe these or any other identifying marks below: [CHECK ONE] This horse is: \square owned by me □ owned by my family □ borrowed (If horse is owned by someone other than you or your immediate family, the owner must complete the Owner's Affidavit, below.) **OWNER'S AFFIDAVIT** As owner of the horse described above, I certify that Name of 4-H Member permission to use this animal in the 4-H project. I understand that the 4-H member must manage (including feeding, grooming, exercising, training, stall management, etc.) and have access to this horse at least 75 percent of the time during the course of the project year. Date_____ Signature of Owner of Horse_____

Date ___

Printed Name of Member Signature of Member

Signature of Leader ____