Horse Identification: Indicate all mark-**4-H HORSE PROJECT IDENTIFICATION FORM** ings, scars, brands on diagram below OR Exhibitors may ID up to three (3) horses that meet the ownership and care requirement. attach a color copy of your electronic Cog-Only two (2) of the three animals may be exhibited at the Grant County Fair. gins which has photos of your horse. Two members from the same family may share an animal. Due Date: May 1, 2024 by 4:00 pm Member Name:_____ Grade on Jan. 1, 2024:_____ Member's Club:______ 2nd Family Member:_____ Address: _____ Phone: _____ C-Horseless Horse: Yes No Buddy's Name: Buddy's Club A --- LEFT FORE LEG **B** ---RIGHT FORE LEG Date of ownership or management of animal: C --- RIGHT HIND LEG D --- LEFT HIND LEG If management, who owns the animal: Breed:_____ Registered or Grade (circle one) Foaling Date: _____ Mare or Gelding (circle one) Body Color: Height: C--B Name of Animal: (Barn name only if grade) A-FORE LEGS FRONT VIEW HIND LEGS ACKNOWLEDGEMENT We agree that all of the information on this form is correct. We agree that we have received the Grant County 4-H Horse Project Guidelines and Rules. We understand the contents and agree to E I G abide by the guidelines and rules as stated therein. F G H H T T Member's Signature: Date: B-Parent or Guardian Signature: Date: FORE LEGS REAR VIEW HIND LEGS L Mail or drop off at: Grant County Extension Office, 916 E. Elm St., Suite A, Lancaster, WI 53813 by E May 1, 2024 by 4:00 pm. Mailed forms need to be postmarked by May 1. F F G G

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Notice: Exhibitors are encouraged to review their class entries before July 26 by 4:00 pm through the Fair Office. Exhibitors will not be able to change classes after July 26 at 4:00 pm. Any incorrect classes on show day will be forfeited by the exhibitor. **No exceptions will be made.**