



Cornell University
 Cooperative Extension
 Cayuga County

Deadline – June 1st of the current project year.

Date _____ 20 _____
 _____ Personally Owned
 _____ Family Owned
 _____ Non-Owned



**4-H HORSE
 IDENTIFICATION CERTIFICATE**

Name of Animal _____

Date Animal Born (Mo.) _____ (Day) _____ (Yr.) _____ Sex M _____ F _____

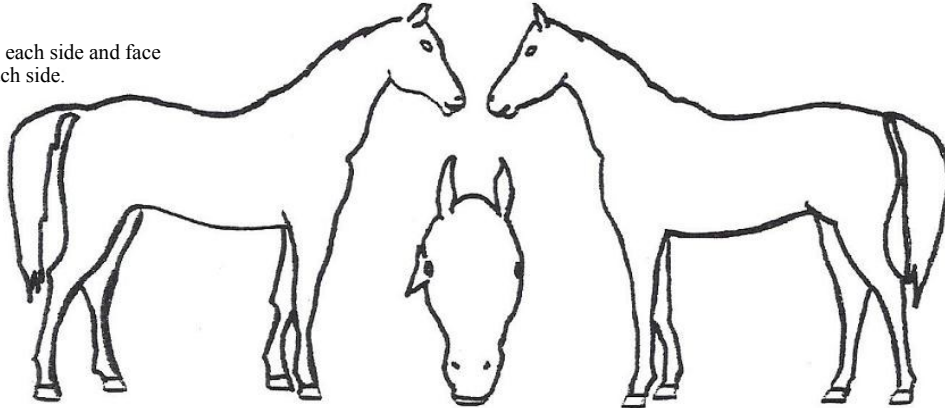
Name of Sire _____

Name of Dam _____

Please Circle: Registered OR Grade Registration No. (if registered) _____

Date of Purchase _____

Draw color marking on each side and face or provide picture of each side.



Color _____ Owner _____
 Height _____ Address _____
 Weight _____ _____

Signature of Owner

This animal has been officially designated as the 4-H project animal of the 4-H'er as of June 1st of the current project year.

Name of 4-H'er _____

Address _____

Member's Signature

Parent/Guardian _____

Address _____

Telephone _____

Parent/Guardian Signature

4-H Leader or write Independent _____

Address _____

Leader's Signature

4-H Educator _____

Address _____

Educator's Signature

* Remember to include a copy of your current Coggin's test. (Test dated this year or last year)
 * Proof of Rabies Vaccination required must be **current** calendar year and **more than 14 days** prior to arrival at any fair-