

4-H Member and Horse Information Form

Due by May 1 (current 4-H year)

All **HORSE** and **HORSELESS HORSE** project members are **REQUIRED** to fill out form and submit with attachments.

MEMBER INFORMATION

Name _____ Grade (as of October 1) _____
Address / City / Zip _____
Home Phone _____ E-Mail _____
Cell Phone (yours) _____ 4-H / FFA Club _____
Cell Phone (parents) _____
Premises ID# _____ (where animal is housed at)
Vet Preference _____

HORSE INFORMATION

Horse's Name	Age	Mare or Gelding	Family Owned (list owner)	Managerial (list owner)	Horseless Horse (list member or leader who owns horse)

Tells us the areas you wish to increase your knowledge, skills, and abilities (check all that apply):

<input type="checkbox"/> Leading	<input type="checkbox"/> Pivoting
<input type="checkbox"/> Setting Up	<input type="checkbox"/> Trotting (English)
<input type="checkbox"/> Jogging	<input type="checkbox"/> Canter
<input type="checkbox"/> Lope	<input type="checkbox"/> Identifying Leads While Mounted
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Flying Lead Changes
<input type="checkbox"/> Vet Care	<input type="checkbox"/> Calming and Excited Horse
<input type="checkbox"/> Vaccinations	<input type="checkbox"/> Motivating a Lazy Horse
<input type="checkbox"/> Bits	<input type="checkbox"/> Trailer Loading
<input type="checkbox"/> Showing	<input type="checkbox"/> Driving / Harnessing
<input type="checkbox"/> Gymkhana	<input type="checkbox"/> Mounting / Dismounting
<input type="checkbox"/> Dressage	<input type="checkbox"/> Posture and Body Positions
<input type="checkbox"/> Jumping	<input type="checkbox"/> Barn / Buddy Sour Horse
<input type="checkbox"/> Neck Reining	<input type="checkbox"/> Stopping Your Horse From Eating
<input type="checkbox"/> Trail Class	<input type="checkbox"/> Safety
<input type="checkbox"/> Collection	<input type="checkbox"/> Respecting Space
<input type="checkbox"/> Eliminate Using Reins for Balance	
<input type="checkbox"/> Reading a Horses Body Language	
<input type="checkbox"/> Proper Tack / Tack Care	
<input type="checkbox"/> Feeding Your Horse	
<input type="checkbox"/> Other (please list) _____	
<input type="checkbox"/> Other (please list) _____	
<input type="checkbox"/> Other (please list) _____	

(continued on next page)

Provide details such as your current skill level, if you have worked on this skill, if you are new to horses, etc.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

____ Copy of **current coggins in color**
 ____ Full view picture of each horse **if not global link coggins**

Return completed form and attachments to:

**REMEMBER TO CHECK YOUR EMAIL
OFTEN FOR MESSAGES FROM THE
HORSE COMMITTEE
cchorseandponyproject@gmail.com**