

Originals must be received at the Extension office by the deadline- June 1, 2020.

Forms may not be faxed.

State Fair Project ☐

Warren County 4-H Equine Project Description Form

4-Her's Name _____

County _____ 4-H Club Name _____

Animal's Registered Name _____ Animal's Barn Name _____

Horse _____ Pony _____ Donkey _____ Mule _____ Height _____ Sex _____ Age _____

Breed/Type (saddle, hunter, stock) _____ Basic Color _____

On diagram below, OUTLINE with dark
solid lines ALL white markings. Show
ALL SCARS and BRANDS.

Check if leased horse ☐

Right Side View

HOCK KNEE

ANKLE PASTERN

R Hind Legs L Fore Legs R

Left Side View

KNEE HOCK

ANKLE PASTERN

L Fore Legs R Hind Legs L

Rear View

HOCK KNEE

ANKLE PASTERN

L Hind Legs R Fore Legs R

Front View

KNEE HOCK

ANKLE PASTERN

R Fore Legs L Hind Legs L

DRAW IN HEAD MARKINGS

DRAW IN EVERY WHITE AREA

INDICATE ALL DARK SPOTS WITHIN WHITE AREAS

4-H Equine Health Records

Below is a list of vaccinations that each animal must have before showing at the current year's Warren County Fair. The following vaccination records must be submitted along with the Equine Project Description Form to the Extension Office by **June 1, 2020**.

1. TETANUS
2. INFLUENZA
3. ENCEPHALOMYELITIS (EASTERN & WESTERN)
4. RHINOPNEUMONITIS
5. COGGINS TEST

Each horse must have a Negative Coggins Test taken after July 20, 2019. A copy of the **NEGATIVE** Coggins Test results should be attached to this sheet. Please be aware that you need the test **RESULTS**; not just a statement that the blood has been drawn.

These requirements are to protect your animal as well as the other animals at the fair from these extremely contagious diseases. Please attach proof of vaccinations* and return to the Extension office by **June 1, 2020**. **Receipts for vaccinations must be attached.**

There are other vaccinations that might be advisable, including West Nile Virus. Please ask your vet for their recommendation.

Information about vaccinations, diseases and worming is included in the Beginning Horse Management project book (#174).

EQUINE HEALTH RECORD FORM

Equine Name _____

VACCINATION

DATE

Tetanus

Influenza

Encephalomyelitis
(Eastern & Western)

Rhinopneumonitis

Last Deworming

Be sure to attach **NEGATIVE** Coggins Test Results.

**** Proof of vaccination may include either a copy of your veterinarian receipt or a letter from your veterinarian stating that your horse has had these vaccines.***