



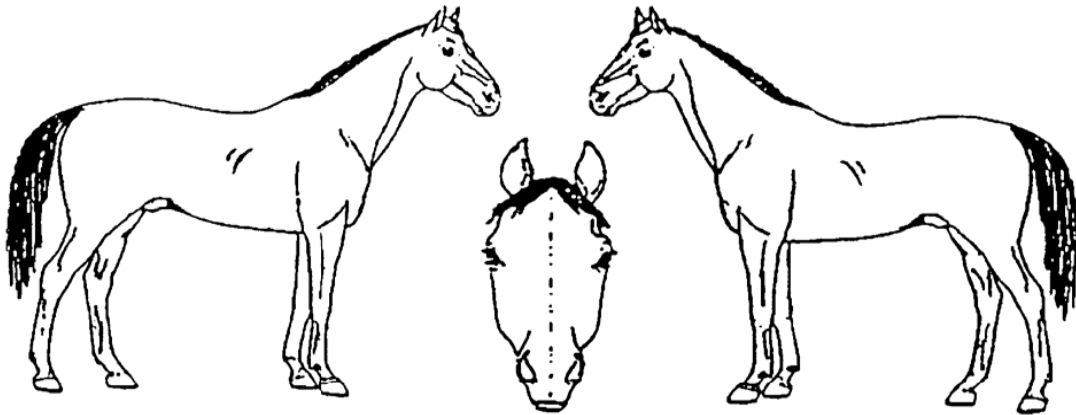
# PROJECT ANIMAL IDENTIFICATION FORM - HORSE



| MEMBER INFORMATION  |     |       |   |                   |  |
|---------------------|-----|-------|---|-------------------|--|
| Member's Name       |     |       | Date of Birth (Y/M/D) _____<br>Age as of Jan. 1, 2014:  |                   |  |
| Address             |     |       | Club  |                   |  |
|                     |     |       | Postal Code   |                   |  |
| Parent/Guardian     |     |       | Telephone # ( )   |                   |  |
| Email address       |     |       |   |                   |  |
| PROJECT INFORMATION |     |       |   |                   |  |
| Name of Owner       |     |       | Light Horse <input type="checkbox"/> Pony <input type="checkbox"/> Heavy Horse <input type="checkbox"/> |                   |  |
| Address             |     |       | Telephone # ( )   |                   |  |
| Emergency Contact   |     |       | Telephone # ( )   |                   |  |
| Name of Horse       |     |       | Registration #  |                   |  |
| Sire                |     | Dam   |   | Breed             |  |
| Age                 | Sex | Color | Weight  | Height (in hands) |  |
| Markings            |     |       |   |                   |  |

**Are you interested and eligible to participate in:** Quebec 4-H Provincial Rally Yes  No

Attach a photo showing all markings and indicating color(s) of animal.



**Member:** I declare that the above information is correct. I am a bona fide 4-H member and the above animal is my current 4-H project.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Project Leader:** I have received the Project Animal Identification Form. The information is correct, complete and legible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send by fax (514) 398-8652 or by mail 21,111 Lakeshore Rd, Harrison House 3-04, Ste-Anne-de-Bellevue, QC H9X 3V9 office@quebec4-h.com