

DUE June 9th

Registration form, Current negative coggins, \$15 registration fee* & Code of conduct
*Fee is per rider not per horse and does not pertain to cloverbuds (7 and under)

Office Use:

Stall# _____
Paid _____

Isabella County Youth and Farm Fair Horse Registration

Check one box below that corresponds with the discipline that this horse is being used for:

- Regular
- Speed
- Cloverbud
- Backup

Rider's Name: _____ Rider's Age: _____ (as of Jan 1)

Phone Number: _____ Email: _____

Club Name: _____

Parent or Guardian Name: _____ Phone Number: _____

Horse's Name: _____ Horses Age: _____ (as of Jan 1)

If owner is not exhibitor-

Horse Owner's Name: _____ Phone Number: _____

Preferred Veterinarian: _____ Phone Number: _____

Attach Color PROFILE photo of horse below:

Brief Description of Markings: _____

Vaccinations: Please check all that apply

REQUIRED: EEE _____ WEE _____ Tetanus _____ Rhino _____ Influenza _____

RECOMMENDED: VEE _____ Potomac _____ Strangles _____ West Nile _____ Rabies _____

Signature of Person Administering Vaccination: _____

**If not administered by a veterinarian, a receipt of purchase must be attached.

Members Signature

Leader Signature