



# Pinal County 4-H Horse & Pony Project Identification Card



## Member Identification

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Club Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Project Identification

Name of Horse \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Horse Breed \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Color and Markings (be specific) \_\_\_\_\_

Year(s) this horse is a project animal: 20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_

Owned \_\_\_\_\_ Leased\* \_\_\_\_\_ (check one) \*Signed agreement required on reverse side.

It is agreed this member will be responsible for at least 80% of the care of the horse listed above whether owned or leased.

Club Member \_\_\_\_\_  
 Signature \_\_\_\_\_

File with the Extension Office one care for each Horse or Pony at least 30 days prior to any Pinal County 4-H Horse Show.

Club Leader \_\_\_\_\_  
 Signature \_\_\_\_\_

Parent \_\_\_\_\_  
 Signature \_\_\_\_\_



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 Horse Breed \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

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 Signature \_\_\_\_\_

Parent \_\_\_\_\_  
 Signature \_\_\_\_\_



# Horse or Pony Lease Agreement

Agreement between \_\_\_\_\_ and \_\_\_\_\_  
(owner) (4-H member)

The owner hereby agrees to lease the horse/pony \_\_\_\_\_ to the 4-H member indicated above. This agreement will begin \_\_\_\_\_ (date) and remain in force until terminated by either party, at which time notification will be given to the Pinal County 4-H Office.

The 4-H member will be responsible for the care of this animal throughout the duration of this agreement.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

4-H Office Use Only  
Date Received:

\_\_\_\_\_  
\_\_\_\_\_

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U. S. Department of Agriculture, James A. Christenson, Director, Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona.

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Signature

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Phone \_\_\_\_\_

Email \_\_\_\_\_

4-H Office Use Only  
Date Received:

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