4-H Horse/Pony Project Animal Change Request Form

Due Date: Completed form (plus veterinary slip where applicable) is due in the St. Joseph county MSU Extension office at least <u>one (1) working day</u> prior to the next regularly scheduled 4-H Horse Council Meeting. **Note:** The last possible date to submit a change request form is **August 15 of the current project year**.

| Member Name | | | Clu | ıb | |
|-------------------------|------------------|--------------------------------|-----------------------------|--|----------------------|
| Address | | | | | |
| Street N | lo./P.O. Box | | City | State | Zip code |
| Parent/Guardian Name | es | | | Phone | |
| I am requesting that th | e following hors | se/pony be <u>added</u> to my | 4-H Horse/Por | ny Project Animal Regis | stration Form: |
| Name | | | Owners na | me | |
| Horse Nickname | | | Registratio | n Assoc (enter "grade | |
| | | | | (enter "grade | " if not registered) |
| Age (yrs.) | | | | entifiable, clear, full LOR photo of horse | |
| Discipline Shown in: | Driving | □ Gymkhana | | lity animal picture is n ony will not be consid | |
| | 🗆 Mini | □ Pleasure | | showing. | |
| Pony: St. Joseph Co | ounty 4-H Pony | | | Picture must be 2 ½ (size of this box/walle | |
| Color/Markings: | | | | clear tape or glue to <u>(NO staples)</u> | affix picture. |
| I am requesting that th | e following hors | se/pony be <u>deleted</u> from | – 1 my 4-H Horse/ | Pony Project Animal R | egistration Form: |
| Name | | County Pon | y Registration N | lumber | (if applicable) |
| The reason(s) I am rec | questing the cha | ange noted above is/are | as follows: | | |
| | | | | | |
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| | | | | | |
| | | | | | |

| Additional s | pace for e | explaining | reason(s | s) for | change | request (| (if needed) |) |
|--------------|------------|------------|----------|--------|--------|-----------|-------------|---|
| | | | | | | | | |

| ature (including due to an | o <u>must</u> be submitted in <u>addition</u> to this f injury to the animal). The veterinary sl <u>I and dated</u> by the attending veterinaria | ip must be on the veterina | | | | |
|---|--|-----------------------------|--------|-------|-----------|-------|
| certify that the information | n recorded on this form is accurate and | correct to the best of my k | nowled | ge. | | |
| Member Signature | | Da | ate | / | / | |
| Parent Signature_ | | Da | ate | / | / | |
| -H Leader Comments (mu | ust be member's horse club organizatio | nal leader): | | | | |
| Check one: | I <u>support</u> this change request | | | | | |
| _ | I do <u>not</u> support this change requ | Jest | | | | |
| | er, that will help the 4-H Horse Council or the change request): | Project Animai Change Re | | ommit | tee bette | ſ |
| | | Project Animai Change Re | | | | I |
| | | Project Animai Change Re | | | | · |
| nderstand the reason(s) fo | | | | | | |
| Leader Signature_ | or the change request): | | ate | | | |
| Leader Signature_ change Request Outcom | or the change request): | | ate | | | |
| Leader Signature_ Change Request Outcom orse/pony project animal of | or the change request): | | ate | | | |