

# HORSE & PONY DOCUMENTATION FORM – 2019

This form must be filled out and provided to the applicable species superintendent or their designee upon check-in at the fairgrounds.

Exhibitor Name \_\_\_\_\_ Male  Female

Exhibitor Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year (used to determine exhibitor eligibility)

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

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

Parents/Guardian Name(s) (minors only) \_\_\_\_\_

4-H Club (if applicable) \_\_\_\_\_

## HORSE #1

Horse Registered Name \_\_\_\_\_

Horse Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Horse Owner's Address \_\_\_\_\_  
(if different from exhibitor)

Premises I.D. # \_\_\_\_\_

ATTACHED: Coggins Test Results. Date Completed: \_\_\_\_\_  
(Coggins test valid for 12 months in the state of Wisconsin)

## HORSE #2

Horse Registered Name \_\_\_\_\_

Horse Owner's Name \_\_\_\_\_

Horse Owner's Address \_\_\_\_\_  
(if different from exhibitor)

Premises I.D. # \_\_\_\_\_

ATTACHED: Coggins Test Results. Date Completed: \_\_\_\_\_  
(Coggins test valid for 12 months in the state of Wisconsin)

## HORSE #3

Horse Registered Name \_\_\_\_\_

Horse Owner's Name \_\_\_\_\_

Horse Owner's Address \_\_\_\_\_  
(if different from exhibitor)

Premises I.D. # \_\_\_\_\_

ATTACHED: Coggins Test Results. Date Completed: \_\_\_\_\_  
(Coggins test valid for 12 months in the state of Wisconsin)