

HORSE & PONY DOCUMENTATION FORM – 2020

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 <input type="checkbox"/> | Female <input type="checkbox"/> |
| 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)