

Cass County Fair
LIGHT HORSE REGISTRATION FORM
Due May 15

Instructions:

1. Form must be completed in its entirety.
2. Attach a copy of current Coggins test (official Equine Infectious Anemia test) with a negative result taken within the calendar year. Form is NOT OFFICIAL UNLESS COGGINS IS ATTACHED.
3. Return form and Coggins test to the MSU Extension office (120 N. Broadway, Suite 209, Cassopolis, MI 49031) no later than May 15.
4. There is a \$10.00 stall fee and it must be turned in with this form. If not your registration is NOT complete and will NOT be accepted. Make checks payable to the Cass County Fair and marked for the Light Horse Division.

Registration Paper

Current Coggins

\$10.00 Stall Fee

EXHIBITOR INFORMATION

Name: _____

Address: _____

Birthday: ____/____/____ Age as of January 1 of the current year: ____ Phone: _____

4-H Club: _____ Leader's Name: _____

Address where horse is kept: _____

Do you own this horse? Yes or No

If your answer is no, please list the owner's name and contact information: _____

PRIMARY HORSE INFORMATION

1. This animal is a Horse Pony (under 56 inches)

2. Sex: Mare Gelding

3. Height at withers _____ inches

4. Breed: _____

5. Color of animal: _____

6. Name of animal: _____

7. Animal's date of birth: _____

Coggins must be attached.

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DESCRIPTION OF MARKINGS

List all markings (blaze, white sox, etc.) brands, scars, or other marks due to injury or deformity that can be used for means of identification:

I certify that the previous statements are true, and agree that false records or unauthorized substitutions will disqualify me from completing this project and forfeit any awards, premiums, or trips which I might otherwise be entitled in this project.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

SECONDARY HORSE INFORMATION

1. This animal is a Horse Pony (under 56 inches)
2. Sex: Mare Gelding
3. Height at withers _____ inches
4. Breed: _____
5. Color of animal: _____
6. Name of animal: _____
7. Animal's date of birth: _____

It is not mandatory to submit a Coggins on your secondary horse.

If a secondary horse will be used, then a completed registration form and current negative Coggins is required.

AUTHORIZATION FOR SUBSTITUTION

Date of substitution: _____ Reason for substitution: _____

Identification of mark and breed: _____

Completed registration paper Attached current Coggins for substitution

Cass County Horse Superintendent approval: _____ Date: _____

Notes: _____
