



**COLLEGE OF AGRICULTURAL, CONSUMER
& ENVIRONMENTAL SCIENCES**

April 24, 2024

Dear Horse Exhibitor:

Enclosed you will find the required horse paperwork which must be completed and returned to the Extension Office by **May 1** to exhibit at the Jo Daviess County 4-H Fair which is held in July. Included in the envelope are the following items:

- Horse Ownership Form
- Horse Lease Form
- Jo Daviess County 4-H Policy and Guidelines
- Medical Release- needed for any high risk or overnight activity (this form is different from the Lifetime Liability Waiver)

Ownership/Lease form must be accompanied by 2 pictures of each horse (one picture per side). Please make sure your horse is clean and the markings and color are visible. I highly recommend filling out paperwork on all horses that you could potentially use to exhibit. We have had horses act up, pass away, or become injured which has forced 4-Hers to find a last-minute replacement. If you have an issue with your horse, please contact me immediately and we can discuss replacement options.

I have sent each child in your family their own "packet." However, if you need another owner/lease form please make a copy. One horse per form is allowed. You may also download a new form from our website or contact me and I can email the form(s) to you.

At the Fair:

Each member that exhibits must wear a helmet while on their horse. That includes walking the horse in or out of the arena. **Members are required to bring with them an up to date negative Coggins Test. This does NOT need to be turned in to the Extension Office.** You will bring this with you to events, clinics, and shows. An updated medical release must be turned into the Extension Office for each "high risk" or overnight event. You will need to complete one medical release per exhibitor for our upcoming clinic and then another one for the 4-H Fair. Because of COVID 19, the Extension Office will not allow exhibitors to share helmets. Please make arrangements before the fair. I do have 2 helmets that you may check out, however they may not be used by multiple 4-Hers and must be checked out in advance.

Certifications:

Each 4-H member that plans to exhibit their horse is required to complete the QAEC training. This is a mandatory quality assurance training for any member exhibiting cats, dogs, rabbits, poultry, and/or horse. This training may be accessed anytime from ZSuites. All trainings must be completed by **June 1**. 4-Hers MUST complete the QAEC one time in their 4-H career. Although we recommend taking it for each species, that is NOT required. One time is sufficient even if it was for a different species.

If you have any questions or need assistance with the website, please contact me via email at amillr11@illinois.edu or call me at (815) 858-2273.

Sincerely,

A handwritten signature in cursive script that reads "Angela Miller".

Angela Miller-4-H Youth Development Program Coordinator

University of Illinois Extension-Jo Daviess County

204 Vine St. | PO Box 600

Elizabeth, IL 61028

P: (815) 858-2273 | F: (815) 858-2274

amillr11@illinois.edu

SPECIAL INFORMATION REGARDING 4-H/FFA HORSE OWNERSHIP AND LEASING PAPERWORK

In order for a 4-H or FFA member to exhibit at the Illinois State Fair Junior Horse Show, ownership and/or lease paperwork must be placed on file at the local University of Illinois Extension office or with their Vocational Agriculture teacher and sent to the ILLINOIS State Fair Entry Office by June 1 of the year exhibiting. In addition to the ownership/lease papers, two photos, one of each side of the animals will be mandatory for all horse and ponies, grade and registered animals. (**Note:** Photos and copies of the ownership/lease paperwork must be attached to the official State Fair entry forms when submitted. Local Extension Offices and Vo-Ag instructors should keep copies of entries, ownership/lease forms and photos for verification purposes.)

- If an animal is registered and belongs to the 4-H or FFA member, a photocopy of the official breed registration papers is adequate to prove ownership and should be submitted to the local Extension office or Vo-Ag Instructor by the June 1 deadline.
- If an animal is not registered with an official breed association, and belongs to the 4-H or FFA member, the member must complete the Illinois 4-H/FFA Certificate of Ownership (below) and submit it to the local Extension Office or Vo-Ag Instructor by the June 1 deadline.
- If the animal is not owned by the 4-H or FFA member, a lease for the animal must be completed and signed by the member, parents (if a minor) and the owner of the animal. A *sample* lease is provided below.

We strongly encourage members, if they own or lease more than one horse, to file paperwork on ALL potential exhibit horses by the June 1 deadline. **If a horse is injured or dies, it may be replaced ONLY by a horse whose paperwork is already on file by the June 1 deadline.**

A Horse may only be owned or leased to, and exhibited by ONE 4-H or FFA member at the State Fair Junior Horse Show.



Illinois Extension

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

ILLINOIS 4-H or FFA CERTIFICATE OF OWNERSHIP

(To be used only with non-registered horses.)

I certify that I own the horse described below and plan to exhibit said horse at the Illinois State Junior Horse Show.

Signature of 4-H Member

I certify that the above statement is correct.

Signature of Parent/Guardian
(If member is under 18 years of age.)

Name of Horse: _____

Description of Horse:

Color

Height

Markings

Attach Two Photo(s) of Horse: (One photo per side.)

Illinois 4-H Horse Lease

This Agreement is entered into between _____ (Owner) and (4-H member) regarding the horse known as _____. The term of this lease is from to August 31st of the current 4-H year. The express purpose of this lease is for training and exhibition at 4-H functions. Lessee agrees that while the horse is in his/her possession to keep the horse properly housed, fed and groomed and to maintain any veterinary care that is needed. Lessee and his/her parents/guardians assume full responsibility for the conduct and behavior of this animal. Lessee shall also see that any training is done humanely and in the manner of good sportsmanship. If medical care should exceed \$_____, both parties will meet and discuss the responsibility of further care. Should the horse die of natural causes and be examined by a veterinarian who verifies this fact, all parties will be held harmless. If the horse dies from negligence, the Lessee is held responsible for the full replacement value of the horse. Both parties agree that if the contents of this agreement are not upheld, the horse will be returned immediately to the Lessor. The horse is leased for the amount of \$_____ (not less than \$1.00), thereby making this contract legal and binding.

Owner's Signature (Lessor) _____

4-H Member's Signature (Lessee) _____

4-H Member's Parents/Guardians Signature _____

Date _____

Attach Two Photo(s) of Horse: (One photo per side)

Jo Daviess County HORSE AND PONY PROJECT GUIDELINES AND POLICIES

I/we agree with the following guidelines of the Jo Daviess County 4-H Horse and Pony Project and will assure that ALL requirements are fulfilled.

- √ I/we will provide a copy of the current negative Coggins paper when I check in for the 4-H Horse Show.
- √ I/we understand that the required paperwork (**Owner/Lease Document, pictures, Liability Waiver and current medical release**) shall be completed and returned to the Extension Office by the deadline.
- √ I/we also agree to bring a current negative Coggins paper to every clinic, event, and show throughout the year.
- √ I/we also agree to wear a SEI approved **HELMET** which must be worn by all 4-H riding participants and hard shoes with heels.
- √ **If all of the above are not completed by the May 1 deadline, exhibitors will be declared ineligible.**

Family Name: _____ Date: _____

Names of Youth: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I/we agree with the above requirements.

Signature of 4-H'er #1

Date

Signature of 4-H'er #2

Date

Signature of 4-H'er #3

Date



PARTICIPANT NAME: _____

Address: _____
Street City State/Zip Code

Age: _____ Sex: F M Birth Date: _____ / _____ / _____

PARENT / GUARDIAN / OTHER EMERGENCY CONTACT

Name: _____
Relationship

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Address: _____
Street City State/Zip Code

HEALTH INFORMATION STATEMENT

Place a “✓” in the box to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well being of the delegate/chaperon. At the end of the list, please give specific information on any items that you placed a “✓” in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important information.

- | | |
|--|--|
| <input type="checkbox"/> 1. Nervous or Mental (<i>epilepsy, emotional stress, convulsions</i>) | <input type="checkbox"/> 10. Recent Surgical Operations, Accidents or Injuries |
| <input type="checkbox"/> 2. Lung Disease (<i>asthma, persistent cough, tuberculosis</i>) | <input type="checkbox"/> 11. Any Infectious Disease |
| <input type="checkbox"/> 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure | <input type="checkbox"/> 12. Skin Disease |
| <input type="checkbox"/> 4. Pain in Chest or Shortness of Breath (<i>heart murmur, rheumatic fever</i>) | <input type="checkbox"/> 13. Allergy to Foods |
| <input type="checkbox"/> 5. Stomach or Intestinal Trouble (<i>ulcers, gall bladder or liver disorder, jaundice, hernia, colitis</i>) | <input type="checkbox"/> 14. Significant Orthopedic and/or Neuromuscular Impairment (<i>e.g. loss of limb, spinal cord injury</i>) |
| <input type="checkbox"/> 6. Arthritis, Diabetes, Kidney or Bladder Disease | <input type="checkbox"/> 15. Under on-going care of a Physician (<i>give name & phone number below</i>) for chronic or recurring problem |
| <input type="checkbox"/> 7. Hay Fever or Allergies | <input type="checkbox"/> 16. Do you wear glasses OR contact lenses? (<i>circle</i>) |
| <input type="checkbox"/> 8. Allergy to Medicines (<i>including penicillin, tetanus</i>) | <input type="checkbox"/> 17. Currently taking medication (<i>list names & doses below</i>) |
| <input type="checkbox"/> 9. Impaired Sight or Hearing, Chronic Ear Infections | <input type="checkbox"/> 18. Currently taking medication that needs refrigeration |
| | <input type="checkbox"/> 19. Date of last TETANUS BOOSTER _____ |

Please provide any detailed information for any items above marked above. Be specific.

Family Doctor: _____

Clinic/Hospital Affiliation: _____

City: _____ Phone: (____) _____ - _____

Medical Privacy Statement: It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to University staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are re-sponsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian. As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I also understand that any accident insurance in effect for the event, does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.

SIGNED: _____ **DATE:** _____

Parent or Guardian



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