



Permanent 4-H Horse Identification and Health Record

This page *is not* an official Idaho Brand document

Permanent 4-H Horse Identification Record

Be prepared to identify and prove that you own your horse. **Idaho Brand laws require a brand inspection when horses change ownership.** Insist on a brand inspection when you purchase a horse. The seller must prove ownership before a Brand Inspector will issue a Brand Inspection Certificate.

You may apply to any Idaho Brand Inspector for an **Ownership and Transportation Certificate** ("Lifetime"), which is valid for the lifetime of the horse, as long as you own the horse. This "Lifetime" Certificate allows you to transport your horse to and from any other state.

Seasonal Certificates are also available. They allow you to transport your horse anywhere in Idaho or to and from a neighboring state (except Montana). Horses with your brand may be transported within Idaho by having your Idaho Brand card with you. You **must** give a written permit to anyone who transports your horse when you are not present in the vehicle.

Your local Brand inspector will help you with forms and information, or you may write or stop in to see the State Brand Inspector, 2118 Airport Way, Boise, Idaho 83705 (telephone 208/334-2813).

Horse's name _____

Breed _____ Sex _____

Year foaled _____ Weight _____ Color _____

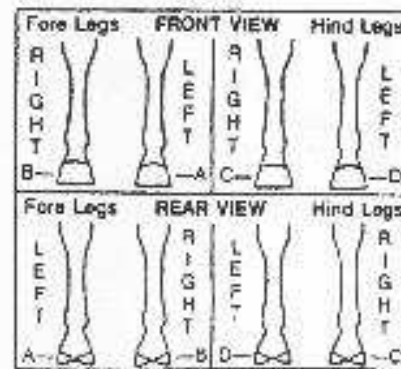
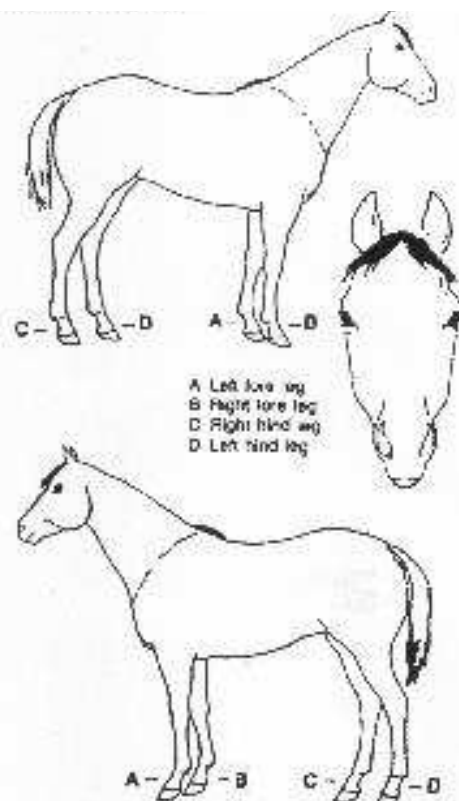
Name of sire (if known) _____

Name of dam (if known) _____

Additional Information

Describe any of the following markings below and shade in the diagrams at right (registration number, tattoos, scars, leg markings, brands, etc.). Describe any identifying marks below:

Indicate all markings in red (ink/pencil)
Draw scars and brands in blue on the diagrams below



Permanent 4-H Horse Health Record

Horse's name _____ Member's name _____

This is designed to record all health management practices and/or treatments administered to the horse recorded on the front side of this form. It should include vaccinations, worming, hoof care/shoeing, etc.; anything that impacts this horse's overall health. Use a separate health record for each project horse.

Date	Symptoms/diagnosis (Lameness, injuries, etc.)	Treatment/prevention (Worming, shoeing, etc.)	Product used (Product name, type, etc.)
Ex: 4/9/00	Rough hair coat, rubbing tail	Worming	Zimectrin paste

(Continued on next page)

Record of Vaccinations

List date and all condition(s) targeted by each vaccination administered; add others in blanks provided.

Date (day/mo/yr)	Annual/ Booster	Tetanus	EEE	WEE	Influenza	RH	PHF		
Ex: 5/12/00	Annual	X		X	X				

EEE = Eastern Equine Encephalomyelitis; WEE = Western Equine Encephalomyelitis; RH = Rhinopneumonitis; PHF = Potomac Horse Fever

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