



4-H Horse Project Enrollment Form

Information for Extension Educators:

1. **The 4-H Horse Project Enrollment Form should be used *in conjunction with the standard 4-H Member Enrollment Form*.** Please COPY completed, signed member forms and submit as needed for shows and events. The 4-H Member Enrollment Form is available from Penn State Publications Distribution or on the Pennsylvania 4-H website at: <http://pa4h.cas.psu.edu/>
2. The 4-H Horse Project Enrollment Form should be used for all 4-H horse projects (performance, production, trail, therapeutic riding, shared horse, etc.)
3. A standard **Lease Form** is available on the 4-H Horse Program website with Information for Extension Educators. This lease form is pre-approved and may be used by youth who use written leases.
4. Youth with special needs participating in therapeutic riding must submit copies of **Therapeutic Riding Division Forms (TRD Forms 1, 2, and 3)** by May 1 to the county extension office. Forms are available on the website with Information for Extension Educators. Copies of these forms should be attached with all show entries in the Therapeutic Riding Division.
5. **Refer to *Procedures for 4-H Horse Show Entries and Events* for details regarding show entry and event requirements.** This information is distributed annually with the horse project enrollment form and is also on the website with Information for Extension Educators *or* Events.
6. Some counties may have differing deadlines for completion of project enrollment. However, the 4-H member and horse must be enrolled in the county they intend to show *no later than June 1, in order to show in this calendar year*. In the event that some of the required horse health information is missing, the enrollment form identifying the youth's project animal must still be submitted by June 1 in order to show in this calendar year. Any missing health information for the horse *may* be submitted at a later date, *provided* it is submitted by the county *and* show or event deadlines.
7. **Please see next page for recent changes and reminders for 2009.**

PA 4-H Horse Program Website: www.das.psu.edu go to 4-H programs, then horses

NEW FOR 2009 and Reminders:

1. New health requirements for animals include:

- a. **Certificate of Veterinary Inspection (CVI)** issued by an accredited veterinarian within 30 days prior to the opening date of the event. Equine Infections Anemia (EIA or Coggins) test results and date of test must be included on the CVI. The animal must be free of infectious and contagious diseases and a statement of this included on the CVI.
- b. **Negative EIA test results (Coggins Test):** All animals must test negative for EIA by an official test within 12 months prior to the opening date of the event. A copy of official test results must accompany each animal. Foals less than 6 months of age accompanied by a dam which meets the above requirements are exempt from EIA testing requirements. If the foal is not accompanied by the dam, a copy of the dam's test results must accompany the foal.
- c. **Current rabies vaccination administered by a licensed veterinarian for *all* animals 3 months of age and older.** All vaccine label directions must be followed. Rabies vaccinated animals must be accompanied by a rabies certificate *or* the rabies vaccination information must be included on CVI.

The above forms/documentation must be provided by the attending veterinarian. Originals must accompany animals and must be presented upon registration at the show or event. Counties may keep copies in the extension office.

d. **Veterinary Client Patient Relationship Form (VCPR)** from Pennsylvania Dept. of Agriculture (PDA) must accompany the animal. VCPR form is attached and also available on the 4-H Horse Program website

2. The above requirements apply to *any* show or event that receives funds from PDA. If *any* funds from PDA are used for the show or event, then the regulations *will* apply. Based on these criteria, counties should determine if the requirements apply to qualifying shows, county roundups and/or other county events. Some fairgrounds and facilities *may* also have these and/or other requirements. Counties must abide by event or facility requirements as appropriate.

The above requirements *will* apply to *all* district 4-H horse shows, regional 4-H horse production shows and the state 4-H horse show.

3. There are some differences and inconsistencies between the PDA health requirements as noted above and the current Pennsylvania 4-H Horse Show Rule Book. PDA requirements supersede 4-H health rules. The PDA requirements will apply for 2009 as appropriate.
4. In situations where the PDA requirements do *not* apply, current Pennsylvania 4-H horse show rules will apply.
5. **Due to 4-H insurance requirements, an Acknowledgement of Risk Form must be completed for all adult participants in 4-H shows.** This is intended *primarily* for attendants in driving classes and aides in therapeutic riding classes. Forms should be completed for all aides or attendants, including the driving attendant in the cart *as well as* any attendant that enters from the rail to head a horse in the line. The form for adult participants in 4-H shows is included with this packet. Forms are also available on the 4-H Horse Program website and in the Policy Manual on the 4-H SharePoint website.
6. **Breed/type and registration information has been added and should be completed.** This feature will benefit youth who participate in breed and other equine activities. This will allow us to generate reports for breed associations that recognize participation in 4-H shows and activities. It will also help provide information about breeds and types in order to determine future program needs.

Please Note:

- **The Acknowledgement of Risk Form for 4-H members is unchanged. An Acknowledgement of Risk Form must be signed and completed once per year for all 4-H members participating in 4-H horse program events and activities.** The *original* forms should be kept on file in the county extension office.

It is *not* necessary for 4-H members to complete *additional* Acknowledgement of Risk forms for *each* 4-H show, 4-H sponsored open show, or 4-H equine activity, *provided* the original form is on file in the county office. The status of the Acknowledgement of Risk Form must be entered in the computer program for qualifying shows advancing to the district, regional or state level to verify that the 4-H member has a signed form on file.

4-H members should keep a copy of their signed Acknowledgement of Risk Form and bring the form with them to all 4-H equine events in case questions arise.

- **Code of conduct, code agreement, photo release, medical information and consent for emergency medical care forms are included in the standard 4-H Member Enrollment Form.** These items must be completed once a year. *Original* forms should be maintained in the county extension office.
- 4-H members may share horses in *non* qualifying state show classes. Please indicate on horse enrollment form if a 4-H member is sharing a horse.
- *All* animals/projects should be recorded in the county.
- Production project animals may be enrolled until the end of their 3 year old year. Production animals should be enrolled in the project using the 4-H Horse Project Enrollment Form.

Penn State encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact your county extension educator in advance of your participation or visit.

This publication is available in alternative media on request.

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PENNSYLVANIA 4-H HORSE PROGRAM MEMBER ACKNOWLEDGEMENT OF RISK

(THIS FORM MUST BE COMPLETED FOR YOUTHS UNDER 18 THAT WISH TO PARTICIPATE
IN THE 4-H HORSE PROGRAM)

I, _____, have chosen to allow my child _____ to participate in the Pennsylvania 4-H Horse Program and its related horse activities. I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities of the 4-H horse program. I also understand and acknowledge that my child's participation in these activities and the use of any equipment related to such activities may result in injury, illness, death and/or damage to personal property. I understand that the activities themselves, other participants, accidents, forces of nature or other factors may cause these risks and dangers and I, on my own behalf and on behalf of my child, hereby accept and assume these risks and dangers.

I and my child are aware that:

- A. Horses have a tendency to behave in ways, which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movements, unfamiliar objects, persons, other animals, and any unexpected situations;
- C. Riding, driving, or handling a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these activities occur;
- D. While in the vicinity of a horse while riding, driving, or handling a horse, I may be involved in a collision with another horse, another animal, a person, or an object;
- E. Other participants in the program may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other participants; and
- F. Other participants in the program may act in a negligent manner, which could result in harm to me.

As a parent or guardian I have discussed with my child the need to behave in a safe manner. I will make sure that my child wears appropriate clothing, headgear, and footwear during horse activities.

My child is in good health and is at or above the minimum age of eight (8) required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

I understand that my child is not required to participate in any horse activity, but grant permission for him/her to do so, despite the possible risks. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities, and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. As a parent/guardian, I assume the same risk for myself, and other family members and friends present at these horse activities.

This document shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child's participation in 4-H horse program activities shall first be submitted to arbitration and/or be venued in a Court of the State of Pennsylvania selected by the sponsoring 4-H club or clubs, the choice of which shall be at their sole discretion.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

Parent/Guardian Name (print): _____ Signed: _____ Date: _____

4-H Member (print): _____ Signed: _____ Date: _____

This form needs to be signed and kept on file for each youth participant in any 4-H Horse program activity for 14 years if the youngest participant is 8. The form needs to be signed each year and before a youth participates in Pennsylvania 4-H Horse Program activities.

Adult Participant in 4-H Horse Show Acknowledgement of Risk

(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS OR ATTENDANTS 18 YEARS & OLDER)

I, _____, have chosen to participate in the Pennsylvania 4-H horse show described below. I fully understand and acknowledge that there are inherent risks and dangers in my participation in the activities of the 4-H horse program. I also understand and acknowledge that my participation in these activities and the use of any equipment related to such activities may result in injury, illness, death and/or damage to personal property. I understand that the activities themselves, other participants, accidents, forces of nature or other factors may cause these risks and dangers and I, on my own behalf, hereby accept and assume these risks and dangers.

NAME OF 4-H SHOW _____

LOCATION OF SHOW _____ DATE _____

I am aware that:

- A. Horses have a tendency to behave in ways, which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movements, unfamiliar objects, persons, other animals, and any unexpected situations;
- C. Riding, driving, or handling a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these activities occur;
- D. While in the vicinity of a horse while riding, driving, or handling a horse, I may be involved in a collision with another horse, another animal, a person, or an object;
- E. Other participants in the program may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other participants; and
- F. Other participants in the program may act in a negligent manner, which could result in harm to me.

I understand the need to behave in a safe manner. I will make sure that I wear appropriate clothing, headgear, and footwear during horse activities.

I am in good health and am able to participate in any strenuous physical activity associated therewith.

I understand that I am not required to participate in any horse activity. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities, and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I assume the risk for myself, and other family members and friends present at these horse activities.

I herewith release, forever discharge, and waive any right of recovery or subrogation against 4-H, its leaders and members, and Penn State Cooperative Extension, its officers, directors, and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This document shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my participation in 4-H horse program activities shall first be submitted to arbitration and/or be venued in a Court of the State of Pennsylvania selected by the sponsoring 4-H club or clubs, the choice of which shall be at their sole discretion.

Name (print): _____ Signed: _____ Date: _____

Date of Birth (print): _____

Address: _____

WITNESS: _____ SIGNATURE: _____
(MUST BE EXTENSION EMPLOYEE OR 4-H REGISTERED VOLUNTEER)

This form must be kept in Extension files for seven (7) years from date of show

Animal Owner or Caretaker's Verification of Veterinarian-Client-Patient Relationship

I, the undersigned, hereby verify the following:

1. I am the owner/caretaker (circle either or both, as applicable) of the animal(s) identified as follows by ear tag, tattoo, leg band, etc - all animals except for llamas, poultry, and rabbits - you may attach a **copy** of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement. Llamas, poultry, and rabbits do not need a CVI but need to be identified on this form. Use additional sheets as necessary.

ANIMAL ID [i.e. ear tag, tattoo, leg band, brand]	REGISTRATION NAME OR DESCRIPTION

2. I have an established an ongoing "veterinarian-client-patient relationship" for the animal(s) described in the preceding paragraph with _____ (print name), a licensed practitioner of veterinary medicine having the following business address:

3. I understand this ongoing "veterinarian-client-patient relationship" to be a relationship in which the veterinarian named in the preceding paragraph has assumed the responsibility for making veterinary medical judgments regarding the health of the animal(s) described above and the need for veterinary medical treatment of said animal(s), and in which I, as owner and/or caretaker of the animal(s), have agreed to follow the instructions of the veterinarian in relation to zoonotic diseases.

I verify the foregoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa.C.S.A. § 4904 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this verification below.

Signature of Owner/Caretaker Date

Printed Name of Owner/Caretaker

Address of Owner/Caretaker