

Barn: 105 106

Circle barn

Stall Number: _____

***EMERGENCY VETERINARY INFORMATION
COMPLETE & BRING TO ORIENTATION ON HAUL IN NIGHT!***

In case of emergency, it is critical that Fair Officials be able to locate exhibitors and/or parents as quickly as possible. Therefore, the form below must be completed by all exhibitors and **presented at Vet Check**. Additional forms will be available at the Extension Office; Horse Leaders Meetings in June, July and August; Prepare for Fair Workshops or may be duplicated by leaders to provide *one form for each horse on exhibit*.

A phone number for a responsible adult (age 18 or older) who can make decisions regarding the horse's emergency care must be written on the back of the green stall card. This form will be used as a supplement to the number on the green card.

This form must be signed by all members exhibiting the horse as well as the adult responsible for the horse's care. The form will be verified at Vet Check and submitted after attendance at the Exhibitor Meeting. You will need to write in the Stall # once you get your horse settled after Vet-Check. **A horse used in multiple sections (Junior and Intermediate, for example) must have a form for each age group.**

Select the Section:

Horse's Name

Brief description and markings

**Describe any stall habits (may bite; lays down frequently; pushy). Be sure your stall card has an * next to horse's name if you have anything on this line.

Please list any medications your horse is currently taking – including supplements/herbals

Stall #

4-H Club Name

Leader's Name

Information on an adult who **can authorize and will be financially responsible** for vet care:

Name

Signature

Phone #

Vet Name and Contact Phone #

Members exhibiting this horse in the current section (print names):

MEDICAL RELEASE FORM

Snohomish County 4-H Horse Exhibitors

This form must be completed and submitted for each exhibitor to participate in Fair.

Name _____ e-mail address and phone number _____

Birthdate _____ Age _____ Grade just completed _____

Address _____ City _____ Zip _____

Club Name _____ Leader/ Phone number _____ e-mail address _____

Medical Authorization

I, the undersigned being the parent(s) or legal guardian(s) of the above named minor, know that I may not be available to authorize medical, dental, surgical care and hospitalization for said minor child. I understand that should a medical emergency arise, I will be notified. However, if I cannot be reached by telephone, such treatment as deemed necessary by competent medical personnel could be rendered. I understand that this form is in effect from the date signed and furthermore that it is my responsibility to notify the Snohomish County 4-H Horse Program regarding any changes of the information contained on this form.

Signature _____ Date _____

Printed Name of Parent / Guardian _____ Phone number _____

List all regular Medications _____

Medication Allergies _____

Name of Physician _____

Emergency Contact _____