

TAYLOR COUNTY HORSELESS HORSE AGREEMENT FORM

2025

This form is for Taylor County Horseless Horse project members.

Date Due: Horseless Horse Agreement forms are due on or before **May 15** in the Extension Office

Return to: 4-H Educator, 925 Donald St., Rm. 103, Medford, WI 54451

Horseless Horse Member Name _____

Horseless Horse Member Address:

_____ Phone: _____

I understand that as a Horseless Horse member I am expected to work with a Taylor County 4-H Horse Project member or leader to learn about the equine, including grooming, proper equine handling, tack, riding, etc. I understand that I am expected to participate in Taylor County 4-H Horse Project activities and to follow all rules of the project. I will complete the Horseless Horse Member requirements of the project in order to be eligible to exhibit at the Taylor County Fair. This includes using this animal to develop 4-H life skills, to learn about proper equine care and safety and to develop foundational equine handling and riding techniques.

Horseless Horse Member's Signature

Horseless Horse Member's Parent Name

Horseless Horse Member's Parent/Guardian Signature

The Horseless Horse project member will be partnering with [check the appropriate entry]:

4-H Member _____

4-H Leader _____

I understand that I am expected to work with the Horseless Horse Member to teach them about the horse, including proper equine care and safety and to develop foundational horse handling and riding techniques.

Taylor County 4-H Member/Leader Name

Taylor County 4-H Member/Leader Signature

If 4-H Member, Parent's Name

If 4-H Member, Parent's Signature

Taylor County 4-H Horse Project Leader Signature: _____

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Horseless Horse Project Member Equine Identification

Name of Equine: _____ Breed of Equine: _____

This Equine must be registered using the **TAYLOR COUNTY HORSE PROJECT EQUINE REGISTRATION (ID) FORM**. Equine ID forms are due on or before **May 15** in the Extension Office.