



2026 Clark County Equine Vaccination Certificate and Horse I.D. Form

Upload to 4-H On-Line Animal Profile Once Completed and Signed with Receipts

Identification Form

(To be completed by Exhibitor)

Exhibitors: Complete this identification form. Exhibitors, parents/guardians must read the statement at the bottom of this section and sign to verify reading the 2026 Clark County Project Requirements, 2026 Clark County Horse Show Rules and Ohio 4-H Uniform Horse Rules and agree to abide by them and having agreed to the Permission to Participate form as part of the horse project enrollment process.

Exhibitor's Name _____

County a 4-H Member In _____ Phone (____) _____

Mailing Address _____

City _____ State _____ Zip _____

Horse Name _____

Horse Birth Date _____ Age _____
Mo./Day/Yr.

Breed _____

Color & Markings _____

Sex: [] Male [] Female [] Gelding

Signatures Required: We verify we have read the 2026 Clark County Project Requirements, and if showing at the 2026 Clark County Fair, the 2026 Clark Co. Jr. Fair Horse Show Rules, and Ohio 4-H Uniform Horse Show Rules and agree to abide by these rules. We have a signed *Permission to Participate in Ohio 4-H Horse Activities Disclosure and Release of Claims* form on file by April 15 as part of the Ohio 4-H on-line enrollment.

Exhibitor's Signature _____

Parent/Guardian Signature _____

Date Signed _____

Vaccination Certificate

(To be completed by Veterinarian or the person administering)

Exhibitors: This Vaccination Certificate must be completed and signed by a licensed, accredited veterinarian or the person administering the vaccinations. **All horses MUST have received the following vaccinations within 6 months of the start of the current Clark County Fair.** Other vaccinations may be recommended by your veterinarian as part of a complete preventative health management plan.

Tetanus

Date Given _____

Influenza

Date Given _____

**Encephalomyelitis
(Eastern & Western)**

Date Given _____

Rhinopneumonitis

Date Given _____

Veterinarian Clinic Information

Clinic Name _____

Mailing Address _____

City _____ State _____ Zip _____

Administering Veterinarian's Name _____

Veterinarian's Signature _____

Date _____ Clinic Phone _____

Vaccinations Administered by Someone Other Than Veterinarian

Name: _____

Administers Signature: _____

Attach Vaccine Purchase Receipt listing the above vaccines if vaccinations not given by your veterinarian.

