

4-H Horse Form

Ohio State University Extension – Erie County 4-H



Request for Hardship

This form must be complete with signatures to be considered.

Exhibitors Name: _____

Horse with Hardship: _____

Name of Replacement Horse: _____

Reason for Hardship: _____

****If it is a medial reason, attach the veterinarian excuse.**

Signature of Member: _____ Date: _____

Signature of Parent: _____ Date: _____

4-H Advisor Signature: _____ Date: _____

Please check one:

_____ As the 4-H Advisor for this member, I support this request.

_____ As the 4-H Advisor for this member, I do not support this request.

If you do not own the replacement horse, please have the owner sign below.

Owner of Horse Signature: _____ Date: _____

By signing above, I give permission for this horse to be used as a 4-H project.

