



Maryland Department of Agriculture

www.mda.state.md.us

Animal Health Section 50 Harry S. Truman Parkway, Annapolis, Maryland 21401

Equine Exhibitor's Self Certification of Animal Health

I, the undersigned, hereby verify the following:
(Parent or guardian must sign for children under age 18)

- 1. I am the owner/authorized caretaker/transporter (circle as applicable) of the equine identified on the current, valid, "Equine Infectious Anemia" (Coggins) document.
2. I understand that any equine showing any signs of or having recent exposure to, contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:
SKIN: Visible evidence of skin infections (bacterial or fungal) with particular emphasis on ringworm.
HEAD: Discharge from the eyes or nose which is excessive in amount or opaque (yellow or white in color) as opposed to the normal clear nasal discharge commonly seen after exercise.
RESPIRATORY: Signs of infectious respiratory disease such as fever, coughing, labored breathing, increased respiratory rate and nasal discharge.
INTESTINAL: Evidence of diarrhea which is watery and/or persistent in nature and more profuse than a looser stool which could be attributed to diet or nervousness.
FEET: Horses exhibiting any type of unsoundness are already excluded from showing by the rules governing horse for shows.
OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude equine from exhibition.
3. I have read and understand the above guidelines.
4. I have visually examined the equine I am presenting for exhibit.
5. I agree not to present for exhibition any equine showing any signs of contagious or infectious disease, or having any known recent (21 days) exposure to any contagious or infectious disease.

Date of inspection: Number inspected Signature
Printed Name Event
(Parent or guardian must sign for children under age 18)

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### Horse Herdsman Rules

Chairperson: Elaine Rea

**\*\*Note: ALL general herdsman rules apply to the Horse Herdsman competition, in addition to the following rules.**

1. To be eligible to enter the Herdsman class, 4-Hers must enter the 4-H Grooming & showmanship class for your age group as of January 1, 2011.
2. If you were a 4-H member in 2010, you must have completed a record book in 2010.  
Note: If you are a new member in 2010, you must complete a 2011 record book to be eligible to compete in Horse Herdsman during 2011.
3. Tack stalls will be limited to 2 exhibitors per stall, pending availability.
4. SWITCHING OF STALLS WILL **NOT** BE PERMITTED. If the need to switch stalls arises, contact the herdsman chair person prior to any changes.
5. All displays **MUST** be completed and in place by 7pm on Sunday July, 24th.
6. Judging will take place between Sunday, July, 24th, after 7pm and Saturday, July 30th.
7. Displays may be taken down Sunday, July 31st.
8. Horses may leave anytime after midnight Saturday evening, although it is advised you leave Sunday morning.
9. Open toed shoes will **NOT** be allowed in the barn area. This applies to all 4-Hers and their chaperons.
10. 4-Hers and a legal guardian **MUST** attend 1 HORSE HERDSMAN meeting prior to the fair (details in 4-H talk).
11. A copy of your **NEGATIVE COGGINS MUST BE MAILED** with your entries! Upon arrival at the fair grounds, you must also provide an Equine Self Exam form to the herdsman chair.
12. Proper horsemanship and sportsmanship must be exhibited at all times during the fair. If the committee determines a 4- H'er is not practicing the Animal Science Code of Ethics & 4-H Behavioral Code of Ethics, he or she will forfeit their Herdsman entry.

**13. ALL HORSE HERDSMAN ENTRIES MUST BE EMAILED BY JULY 1.**

**Email to:** m.elaine.rea@gmail.com **or Mail to:** Elaine Rea (attn: CCF)  
 3787 Turkey Point Rd  
 North East, MD 21901

**\*Note: Email confirmation will be sent within 5 business days, please contact me if you do not receive a confirmation.**

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**2011 Cecil County Fair 4-H Horse Herdsman Registration Form**  
**(complete one form for each youth)**

**Entries must be mailed by July 1, 2011, Only open to Cecil County 4-H Members**

**Exhibitor's Name** \_\_\_\_\_ **Horse Name** \_\_\_\_\_

**Parent/Guardian email** \_\_\_\_\_ **4-H'ers email** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **1<sup>st</sup> Year in 4-H** Yes / No

**To be judged as an individual / group** \_\_\_\_\_ **1<sup>st</sup> Year Herdsman** Yes / No

**If group, member's names:** \_\_\_\_\_

**Special Stabling Requests :** \_\_\_\_\_

Other events I have entered for the 2011 CCF(any species, 4-H & non 4-H): \_\_\_\_\_

I would like to volunteer for \_\_\_\_\_ at the fair.

I have read, understand and agree to abide by the rules and regulations published in the Cecil County Fair Premium Book. I also understand that failure to abide by these rules will result in expulsion from the Fair. I will not hold the Cecil County Fair liable for any accidents or injuries which may occur while participating in the Cecil County Fair. As a participant, I give permission to the Cecil County Fair to use and publish my photograph or my child's photograph for educational and promotional purposes without compensation.

\_\_\_\_\_  
(4-Her Signature & Date)

\_\_\_\_\_  
(Legal Guardian Signature & Date)

Complete entry coggins & stabling requests must be emailed or mailed by July 1, 2011 to address above.

Office use: Coggins # \_\_\_\_\_ Date \_\_\_\_\_ Received: \_\_\_\_\_ Stall # \_\_\_\_\_

**CECIL COUNTY FAIR HORSE/PONY SHOW ENTRY FORM**  
 4-H CLASSES OPEN TO CECIL COUNTY 4-H MEMBERS ONLY  
 NO REFUND FOR SCRATCHED CLASSES WITHOUT VET NOTE  
 PRE-ENTRY MUST BE POSTMARKED BY JULY 1, 2011  
 Please use a separate entry form for each horse/rider entry for each show day

**Pick 1 show per entry form!**  
 7/23 Open English Horse  
 7/24 Open English Pony  
 7/30 Open Western  
 No entry fee for 4-H \$2.5 deposit only  
 7/25 4-H English  
 7/29 4-H Western

Horse/Pony Name	Breed	Height	Sex	Age	Coggins Date	Coggins Accession Number

**PRE-ENTRY – COGGINS MUST BE INCLUDED POST ENTRY – COPY OF COGGINS NEEDED FOR OUR FILE**

Name of Rider	Birth-date	Address	Phone

Classes	has your address changed since last years fair? Y N			
Pre-Entry \$10.00	#	#	#	#
Post-Entry \$12.00	#	#	#	#
No Entry fee for 4-H Classes	#	#	#	#
<b>Please use separate entry form for each day, animal and riders. Please do not combine multiple shows, animals or riders on the same entry form. Thanks</b>	#	#	#	#
<b>*It is the responsibility of Exhibitor/ Trainers to properly complete all areas of this entry form.</b>	#	#	#	#

I understand that horseback riding can be dangerous a sport. There are circumstances that no one can be held responsible for due to the unpredictable nature of a horse, therefore, I accept responsibility for any damages or injury to persons or property done by me or a horse ridden by me and I will not hold Cecil County Fair or the State of Maryland responsible for the condition of my property, horse or myself in case of loss, damage or injury. I WILL RIDE AT MY OWN RISK. I have read and understand the rules listed in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian if rider is under 18 years old

STALL INFORMATION \$10.00 per day. Date requested \_\_\_\_\_ Night Before? Yes \_\_\_ No \_\_\_  
 I would like to stable with \_\_\_\_\_  
 We can not guarantee stalls together unless you send all entries together

**MAIL TO: POSTMARKED BY 7/1/11**  
**ENGLISH** – Tina Clark 194 Nottingham Rd. Elkton, MD 21921 443-309-2782 or e-mail at [keosika@hotmail.com](mailto:keosika@hotmail.com)  
**WESTERN** – Sabrina Ginn 855 Stemmers Run Rd., Earleville, MD 21919 443-553-3915 or email at [sabrinann@hughes.net](mailto:sabrinann@hughes.net)

**Did You?**  
 \_\_\_ Pick Show Date \_\_\_ Read Rules \_\_\_ Complete all Information \_\_\_ Security Deposit for 4-H Shows  
 \_\_\_ Include Payment \_\_\_ Sign Release \_\_\_ Include Current COGGINS MUST HAVE!!!

**OFFICE USE ONLY**

\$ \_\_\_\_\_  
 CK # \_\_\_\_\_  
 CASH \_\_\_\_\_  
 \$ \_\_\_\_\_  
 # \_\_\_\_\_

EXHIBITOR #

**CECIL COUNTY FAIR JUMPER SHOW ENTRY FORM**  
**4-H CLASSES - CECIL COUNTY 4-H MEMBERS ONLY REGISTERED BY 7/1**

**NO REFUND FOR SCRATCHED CLASSES WITHOUT VET NOTE**  
 Please use a separate entry form for each horse/rider entry

\_\_\_ **7/26 Puddle**  
 & **4-H Jumper**

\_\_\_ **7/27 Open Jumper**  
**Show**

Horse/Pony Name	Breed	Height	Sex	Age	Coggins Date	Coggins Accession Number
<b>PRE-ENTRY – COGGINS MUST BE INCLUDED      POST ENTRY – COPY OF COGGINS NEEDED FOR OUR FILE</b>						

Name of Rider	Birth date	Address		Phone	
_____	_____	_____		_____	
Classes	Pre entry \$15	Post entry \$20	Classics Pre entry \$50	Post entry \$75	# _____
	# _____	# _____	# _____	# _____	# _____
	# _____	# _____	# _____	# _____	# _____

I understand that horseback riding can be dangerous a sport. There are circumstances that no one can be held responsible for due to the unpredictable nature of a horse, therefore, I accept responsibility for any damages or injury to persons or property done by me or a horse ridden by me and I will not hold Cecil County Fair or the State of Maryland responsible for the condition of my property, horse or myself in case of loss, damage or injury. **I WILL RIDE AT MY OWN RISK.** I have read and understand the rules listed in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian if rider is under 18 years old \_\_\_\_\_  
**\*It is the responsibility of Exhibitor/ Trainers to properly complete all areas of this entry form.**  
**STALL INFORMATION \$25 per day. Date requested \_\_\_\_\_ Night Before? Yes \_\_\_\_\_ No \_\_\_\_\_**  
 I would like to stable with \_\_\_\_\_ We can not guarantee stalls together unless you send all entries together.

MAIL TO Cathy Aul, 1867 Hopewell Rd., Port Deposit, MD 21904  
 For more info call Cathy Aul at 443-207-2068 or ccjumpershow@comcast.net  
 Open pre entries must be received by 7/19/11

**Did You?**  
 Read Rules \_\_\_\_\_ Complete all Information \_\_\_\_\_ Security Deposit for 4-H Shows \_\_\_\_\_  
 Include Payment \_\_\_\_\_ Sign Release \_\_\_\_\_ Include Copy of Current COGGINS MUST HAVE!!  
 Office Use Only  
 Rider Number \_\_\_\_\_ \$ \_\_\_\_\_  
 Amount Paid \_\_\_\_\_ # \_\_\_\_\_  
 Check \_\_\_\_\_ # \_\_\_\_\_  
 Cash \_\_\_\_\_ # \_\_\_\_\_  
 Stall \_\_\_\_\_ # \_\_\_\_\_