

Bayfield County
4-H Horse Project Record for 200__

Name: _____ Age on Jan. 1: _____ County: _____
 Year in Club Work: _____ Year in Horse Project: _____ Breed of Horse(s): _____

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Horse No.	Age	Registration No. (If possible)	Filly	Mare	Gelding	Stallion
1.						
2.						

Estimate value of horse (actual value, if bought) when record started: \$ _____

Do you own horse? _____ If not, explain the type of arrangement you have - where boarded, arrangement with owner, etc:

What kind of housing is provided for your horse(s)?

Who helps and advises you with caring for your horse(s)?

If your horse is already trained, tell what kind of training he has had: _____

What training do you plan to give your horse this year?

Check the equipment you have at the beginning of project year and write in kinds after items 1 & 2:

- 1. Saddle(s): _____ Kinds - A. _____ B. _____ C. _____
- 2. Bridle(s): _____ Kinds - A. _____ B. _____ C. _____
- 3. Halter(s): _____ 4. Lead Rope: _____ 5. Buckets: _____
- 6. Feed Tubs: _____ 7. Horse Trailers: _____

GROOMING EQUIPMENT

8. Hoof Pick: _____ 9. Corn Brush: _____ 10. Blankets: _____ 11. Curry Comb: _____
 12. Clippers: _____ 13. Grooming Cloth: _____ OTHERS (write in others not listed): _____

Estimated Value of Above Equipment: \$ _____

FEED RECORD

Give the grain mixture you normally feed your horse each day:

Average cost of one day's grain: \$ _____

Estimated or actual value of pasture rental: \$ _____ Number of days on pasture: _____

EQUIPMENT ADDED DURING YEAR		
Date	Item of Equipment	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL:		\$

TRANSPORTATION EXPENSES			
<small>(Compute @ number of miles you transported your animal x \$.20)</small>			
Date	Activity	Number of Miles	Cost
			\$
			\$
			\$
TOTAL:			\$

OTHER EXPENSES**(Veterinary Fees, Shoeing, Show Entries, Etc.)**

Date	Item of Expense	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL:		\$

HEALTH AND CARE RECORD**(Lameness, Injuries, Etc.)**

Date	Treatment Given	Who Treated Horse

List of Judging Events, Training Meetings, Demonstrations In Which You Participated or Attended

Date	Event	Date	Event

EXHIBIT RECORD				
Date	Exhibit	No. In Class	Placing	Premium
				\$
				\$
				\$
				\$
Total Value of Premiums				\$

SUMMARY OF PROJECT		
Expenses:	Total value of feeds	\$
	Other expenses (other expenses & transportation expenses - Page 2-3)	\$
	Value of animal at beginning of year	\$
	Value of equipment at beginning of year	\$
TOTAL		\$
Income:	Sale of horses	\$
	Premium money won	\$
	Value of animal at end of project year	\$
	Value of equipment at end of project year	\$
TOTAL		\$

CHECK LIST: (Check if you have completed practices or have learned the following)

Horse Record	___	Basic Training	___	Feeding	___	LIST OTHERS:
Safety Observance	___	Pose at Halter	___	Worming	___	_____
Manager Tie	___	Elementary Riding	___	Fly Control	___	_____
Bowline	___	Care of Equipment	___	Grooming	___	_____

THIS IS A COMPLETE AND ACCURATE RECORD OF MY WORK IN THIS PROJECT.

Signature of 4-H Club Member: _____

Approved: (Parent) _____ (Project Leader) _____