

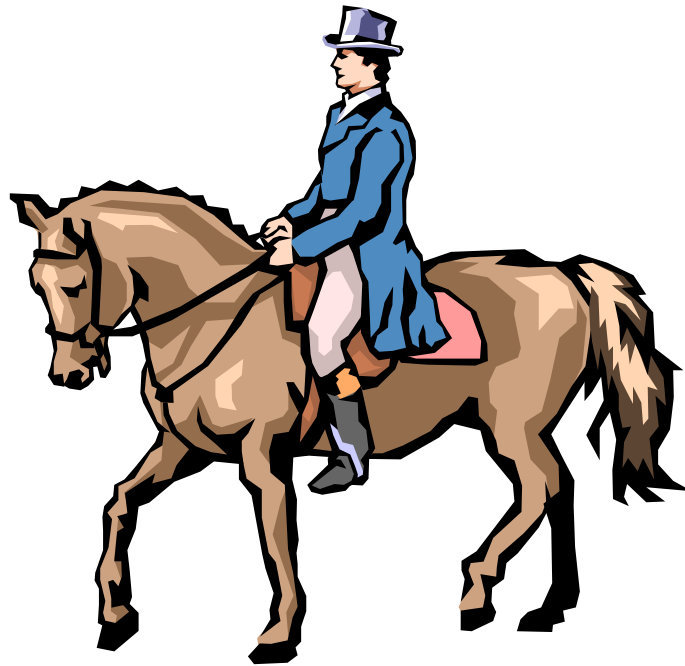
2008

Door County

4-H Horse & Pony

Project

Record Book



Name _____

4-H Club _____

Age _____ Year _____

Horse's Name _____

Use one record book for each project animal!

**DOOR COUNTY 4-H
PROJECT BOOK I.D. SHEET**
(Attach a copy of Negative Coggins Test)
One clear, colored photograph of the animal must be attached.

4-H MEMBER INFORMATION Circle one: **regular member** **horseless member**

Name _____

Address _____

Phone Number _____

Age (as of Jan. 1) _____ 4-H Club _____

HORSE INFORMATION

Name of Horse _____

Sex _____ Age _____ Height in Hands _____

Breed or Type _____ Registration # _____

(Attach a copy of registration papers)

Brief Description _____

Ownership (Circle one): **Personally Owned** **Family Owned** **Non-Family Owned**

If Non-Family owned, list:

Owner's name _____ Phone number _____

FEEDING RECORD
April 1-August 15

	APRIL	MAY	JUNE	JULY	Through AUG 15	TOTAL USED	TOTAL COST
Grain							
\$ Grain/Month							
Bales of Hay/Month							
\$ Bales of Hay/Month							
Cost of Salt & Additive/Month							

TOTAL: _____ \$ _____

DESCRIPTION OF FEED AND SUPPLEMENTS

Grain: Whole Oats _____ Crimped Oats _____ Crushed Oats _____ Corn _____

Barley _____ Commercial Feed _____ (Give analysis or attach a tag from the bag)

Other (list) _____

Hay: Alfalfa _____ Timothy _____ Clover _____ Orchard Grass _____

Brome Grass _____ Mixed Hay _____ Other (Give Name) _____

Supplements: Vitamins (What Kind) _____ Corn Oil _____

Salt _____ Wheat Germ Oil _____ Linseed Meal _____ Bran _____ Molasses _____

Other (list) _____

TACK AND EQUIPMENT INVENTORY

Check all items owned. Do not overlook such items as combs, brushes, buckets, leads, etc. Indicate the condition of **ALL** items (excellent, good, fair) and include items purchased or added during this project year.

ARTICLES OWNED	CONDITION (Ex, Good, Fair)	COST (For items <u>added</u> this year)	ARTICLES OWNED	CONDITION (Ex, Good, Fair)	COST (For items <u>added</u> this year)
GENERAL			TACK		
Halter	_____	_____	Saddle	_____	_____
Lead Shank	_____	_____	Saddle Pad/Blanket	_____	_____
Sheet	_____	_____	Breast Plate	_____	_____
Blanket	_____	_____	Bridle	_____	_____
Cooler	_____	_____	Extra Bits	_____	_____
Shipping Boots	_____	_____	Harness	_____	_____
Bandages	_____	_____	Surcingle	_____	_____
Longe Line	_____	_____	Leather Punch	_____	_____
Longe Whip	_____	_____	Crop, Whip or Bat	_____	_____
Other	_____	_____	Bosal	_____	_____
GROOMING			Bareback Pad	_____	_____
Soft Brush	_____	_____	Spurs	_____	_____
Hard Brush	_____	_____	Stall Guard	_____	_____
Curry Comb	_____	_____	Hay Net	_____	_____
Hoof Pick	_____	_____	Saddle Rack	_____	_____
Shedding Blade	_____	_____	Tack Box	_____	_____
Sweat Scraper	_____	_____	Saddle Soap	_____	_____
Sponges	_____	_____	Buckets	_____	_____
Scissors	_____	_____	Other	_____	_____
Clippers	_____	_____	MEDICAL AIDS (Do you have this in your 1st Aid Kit?)		
Buckets	_____	_____	Hoof Conditioner	_____	_____
Water Brush	_____	_____	Antibacterial Soap	_____	_____
Shampoo	_____	_____	Antiseptic Salve	_____	_____
Wash Rags	_____	_____	Cotton	_____	_____
Other	_____	_____	Alcohol	_____	_____
RIDING CLOTHES			Liniment	_____	_____
Boots	_____	_____	Colic Medication	_____	_____
Stable Boots	_____	_____	Thermometer	_____	_____
Hats	_____	_____	Fly Repellent	_____	_____
Show Outfit	_____	_____	Other	_____	_____
Chaps	_____	_____	BEDDING		
Other	_____	_____	Sawdust	_____	_____
	_____	_____	Straw	_____	_____
	_____	_____	Shavings	_____	_____
	_____	_____	Other (Type)	_____	_____
	_____	_____	MISCELLANEOUS		
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	TOTAL EXPENSES		_____

JEFFERS EQUINE HEALTH RECORD

Owner _____

Name _____

Address _____

Date Foaled _____ Sex _____ Ht. _____ Wt. _____

City _____ State _____

Breed _____

Zip _____

Dam _____ Sire _____

Phone _____

Registration &/or Tattoo # _____

VACCINATION HISTORY

DISEASE	DATES OF BOOSTER			COST
Encephalomyelitis				
Influenza				
Rhino pneumonitis				
Strangles				
PHF				
Rabies				
Tetanus				
Other				

A. VACCINATION COSTS \$ _____

DEWORMING HISTORY

PRODUCT	DATE	COST

B. DEWORMING COSTS \$ _____

Date of Fecal Exam							
--------------------	--	--	--	--	--	--	--

DENTAL PROCEDURES

Date		Date	

C. DENTAL COSTS \$ _____

SUBTOTAL COSTS (A-C) \$ _____

HOOF CARE PROCEDURES

Date	Procedure	Cost	Date	Procedure	Cost

D. HOOF CARE COSTS \$ _____

MEDICAL HISTORY

Date	Symptoms / Diagnosis / Treatment	Cost

E. MEDICAL CARE COSTS \$ _____

(Use the rest of this page or add additional sheets, if you need more space.)

Now add everything together:

- A. Vaccination Costs _____
- B. Deworming Costs _____
- C. Dental Costs _____
- D. Hoof Care Costs _____
- E. Medical Care Costs _____

GRAND TOTAL -- ALL COSTS (A-E)\$ _____

DIARY OF TIME SPENT ON MY 4-H PROJECT & ACTIVITIES

This year, my horse and I participated in the following Door County 4-H Horse & Pony Events:

- Clinic: _____
- Clinic: _____
- Clinic: _____
- Flip Flop Show
- Open Gymkhana Show
- Open Pleasure Show
- Junior Fair Pleasure Show
- Open Fair Pleasure Show
- Junior Fair Gymkhana Show
- Fall Fun Show
- Fall Trail Ride
- Drill Team

In addition, we also attended or participated in these events:

PARENT / LEADER EVALUATION

A. Parent evaluation of 4-H work and Signature. Discuss what your son/daughter accomplished in this project this year.

Signature _____

B. 4-H Club Leader Comments and Signature

Signature _____

C. Horse & Pony Project Chair Comments and Signature

Signature _____

PHOTOGRAPHS
(Do Not Attach Extra Pages)

**DOOR COUNTY 4-H
PROJECT BOOK I.D. SHEET
(Attach a copy of Negative Coggins Test)**

One clear, colored photograph of the animal must be attached.

4-H MEMBER INFORMATION Circle one: **regular member** **horseless member**

Name _____

Address _____

Phone Number _____

Age (as of Jan. 1) _____ 4-H Club _____

HORSE INFORMATION

Name of Horse _____

Sex _____ Age _____ Height in Hands _____

Breed or Type _____ Registration # _____

(Attach a copy of registration papers)

Brief Description _____

Ownership (Circle one): Personally Owned Family Owned Non-Family Owned

If Non-Family owned, list:

Owner's name _____ Phone number _____

MUST BE TURNED INTO THE EXTENSION OFFICE BY JULY 1.

REQUEST FOR FUNDING STATE EXPO AND/OR GYMKHANA

Use this form to request funding from the 4-H Horse & Pony Project to help you compete at the State Expo or State Gymkhana competition. **Exhibitors must adhere to the following requirements:**

- Attend at least two (2) Horse & Pony Committee meetings prior to the Fair (during the current 4-H year).
- Work at least two one-half hour volunteer shifts at a show, clinic or workday (must sign in and out at the event).
- Exhibit their animal at the Fair, and follow all Fair rules.
- Complete and turn in all registration information, funding requests and Project Record Books on or before **Tuesday, August 12, 2008.**

A special meeting will be held on **Tuesday, August 12, 6:00 p.m. (Location TBA)** for those who need to turn in forms, funding requests and record books.

Members will...

- turn in completed Expo and/or Gymkhana forms (*please have project leader signatures before you arrive*)
- turn in written requests for funding (*address your requests to the Horse & Pony Committee*)
- turn in completed Record Books (*please have all required signatures before you arrive*)

☞ Funding is available to those riders who participate by showing their animal in the Expo or Gymkhana (funding will be issued after the events).

☞ State Expo and Gymkhana forms and information is available at:

<http://4h.uwex.edu/onlinpro/HorseHandbook.cfm>

☞ Record Books are available at <http://www.uwex.edu/ces/cty/door/4h/index.html>

I am requesting funding for the following:

State Gymkhana

4-H State Horse Expo

Name _____

4-H Club _____

Address _____

Phone _____ E-Mail _____

Signature _____

Date _____