# 4-H Horse Project

Name of Horse:		
	Age:	
Height in Hands:		
Breed or Grade Type:		_
Registration No.:		Insert Picture of Horse Here
		WesternDriving
_	-	Family OwnedNon-Family
Owned – List	name of owner if non-famil	ly owned:
If this animal is a foal a registration numbers if		ject, please list the name of the sire and dam, inc
Sire:		Registration No:
Dam:		Registration No:
	the foal if a mare was you	r primary 4-H project, and she foaled this projec
year.		Registration No:

## <u>YEARLY FEEDING RECORD</u> (September 1<sup>st</sup> - August 31<sup>st</sup>)

	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Year End	<b>Total Cost</b>
# Grain/Day														
# Grain/Month														
<pre>\$ Grain/Month (# lbs. x cost/lb.)</pre>														
# Hay/Day														
# Hay/Month	-													
<pre>\$ Hay/Month (# lbs. x cost lb.)</pre>														
Cost/Value of Pasture/Month														
Cost of Bedding/Month														
Cost of Salt & Addivite/Month														
* The value of pas	sture is th	e cost to	maintair	ı it or the	e value o	f the feed	l that it s	aves.		Tot	al Lbs. &	& Cost:		\$
			DESC	CRIPTI	ON OI	F FEEI	), BED	DING,	& SUP	PLEM	<b>ENTS</b>			
Grain:	Whole	e Oats	Cri	mped Oa	its	_Crushe	d Oats	Co	orn	Barley				
_	Comm	nercial Fe	eed (give	analysis	or attac	ch a tag f	rom the l	bag):						
Hay:	Alfalf	a	_Timothy	/	Clover	O	rchard G	rass	Brom	e Grass	N	lixed Ha	у	
_	Other:													
Bedding:	Sawdı	ıst	Straw	S	havings	C	Other:							
Supplement:	Corn (	Dil	Salt	Wł	neat Gerr	n Oil _	Lins	seed Oil	B	Bran	Mola	sses		
	Vitam	ins:												

### **MAINTENANCE & HEALTH RECORD**

List all actions that were taken on your horse for this project year. Include foot care, de-worming, shots, and other health related expenses.

#### **Foot Care**

(List all shoeing, trimming, and other foot-care costs.)

Date	Action(s) Taken/Supplies Used	Cost

#### **De-Worming**

(List each time that your horse was wormed. Include the type/method used, powder, paste, etc.)

Date	Action(s) Taken/Supplies Used	Cost

#### **Inoculations & Tests**

Date	Action(s) Taken/Supplies Used	Cost

## Miscellaneous Veterinary/Health Items

Date	Action(s) Taken/Supplies Used	Cost

Total Health Costs This Project Year:

Total Cost of Feed: \_\_\_\_\_

Total Cost of Tack & Equipment:

Total Cost: \$

## TACK & 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 purchases or added during this project year.

<b>General:</b> Halter	Check Articles Owned	Condition	Cost (for items added this year)
Lead Shank			
Sheet			
Blanket			
Cooler			
Shipping Boots			
Bandages			
Longe Line			
Longe Whip			
Other			
Grooming:			
Soft Brush			
Hard Brush			
Curry Comb			
Hoof Pick			
Shedding Blade			
Sweat Scraper			
Sponges			
Scissors			
Clippers			
Buckets			
Water Brush			
Shampoo			
Wash Rags			
Other			
Riding Clothes:			
Boots			
Stable Boots			
Hats			
Show Outfit			
Chaps			
Other			

Tack:	Check Articles Owned	Condition	<b>Cost</b> (for items added this year)
Saddle	Owneu		aadea mis year)
Saddle Pad/Blanket			
Breast Plate			
Bridle			
Extra Bits			
Harness			
Surcingle			
Leather Punch			
Crop, Whip, or Bat			
Bosal			
Bareback Pad			
Spurs			
Stall Guard			
Hay Net			
Saddle Rack			
Tack Box			
Buckets			
Other			
Medical Aids:			
Hoof Conditioner			
Antibacterial Soap			
Antiseptic Salve			
Antiseptic Cotton			
Alcohol			
Liniment			
Colic Medication			
Thermometer			
Fly Repellent			
Other			
Miscellaneous:			