

4-H Horse Project

HORSE INFORMATION

Name of Horse: _____

Sex: _____ **Age:** _____

Height in Hands: _____

Breed or Grade Type: _____

Registration No.: _____

Type of Riding (*check 1, 2 or 3*): _____English _____Western _____Driving

Ownership (*check one*): _____Personally Owned _____Family Owned _____Non-Family

Owned – List name of owner if non-family owned: _____

If this animal is a foal and part of a breeding project, please list the name of the sire and dam, include registration numbers if available.

Sire: _____ Registration No: _____

Dam: _____ Registration No: _____

Please list the name of the foal if a mare was your primary 4-H project, and she foaled this project year.

Foal Name: _____ Registration No: _____

Note: This page should be completed for each animal taken as a 4-H project (Additional forms are available at the Extension Office).

YEARLY FEEDING RECORD (September 1st - August 31st)

	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Year End	Total Cost
# Grain/Day														
# Grain/Month														
\$ Grain/Month (# lbs. x cost/lb.)														
# Hay/Day														
# Hay/Month														
\$ Hay/Month (# lbs. x cost lb.)														
Cost/Value of Pasture/Month														
Cost of Bedding/Month														
Cost of Salt & Addivite/Month														

* The value of pasture is the cost to maintain it or the value of the feed that it saves.

Total Lbs. & Cost:

	\$
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DESCRIPTION OF FEED, BEDDING, & SUPPLEMENTS

Grain: ___ Whole Oats ___ Crimped Oats ___ Crushed Oats ___ Corn ___ Barley

___ Commercial Feed (give analysis or attach a tag from the bag): _____

Hay: ___ Alfalfa ___ Timothy ___ Clover ___ Orchard Grass ___ Brome Grass ___ Mixed Hay

___ Other: _____

Bedding: ___ Sawdust ___ Straw ___ Shavings ___ Other: _____

Supplement: ___ Corn Oil ___ Salt ___ Wheat Germ Oil ___ Linseed Oil ___ Bran ___ Molasses

___ Vitamins: _____

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.

General:	Check Articles Owned	Condition	Cost (for items added this year)
Halter	_____	_____	_____
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	Cost (for items added this year)
Saddle			
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:			