

Date Record Started \_\_\_\_\_ Closed \_\_\_\_\_

### 4-H Horse Record *(one record per horse)*

Member's Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Name of Horse \_\_\_\_\_ Registration # \_\_\_\_\_

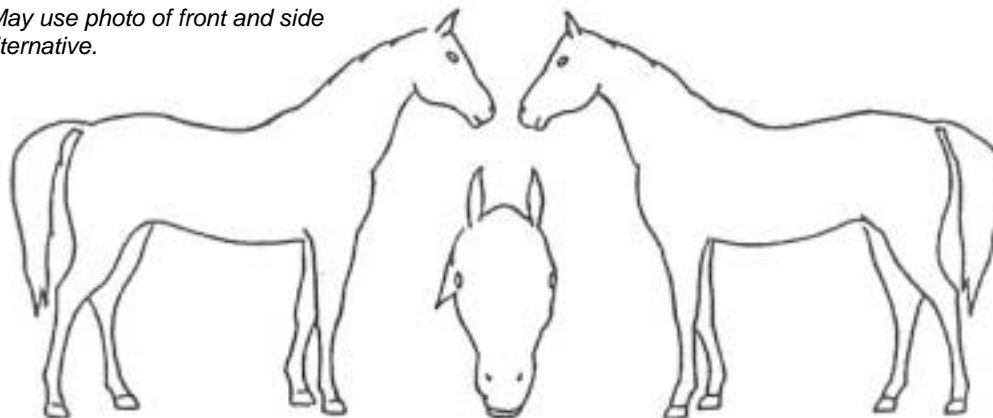
Horse Date of Birth \_\_\_\_\_ Date Obtained \_\_\_\_\_

If sold or deceased, list date \_\_\_\_\_

*(Fill out the following information as if you were trying to identify your horse to someone who is not familiar with it.)*

Sex \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

*Draw markings, brands, or significant scars on each side and face. Do not color. May use photo of front and side as an alternative.*



**Give a written description of your horse** – *Include brands, tattoos, their locations, any special identifying marks, color, etc.*

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Project Record Review – *4-H leader to sign (or parent)*

Signed \_\_\_\_\_

## Quarterly Project Planning Goals

Goals for **Oct/Nov/Dec**: \_\_\_\_\_

\_\_\_\_\_

Achieved Goals     Did Not Achieve Goals: Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Total hours spent with horse this quarter:** \_\_\_\_\_

Goals for **Jan/Feb/Mar**: \_\_\_\_\_

\_\_\_\_\_

Achieved Goals     Did Not Achieve Goals: Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Total hours spent with horse this quarter:** \_\_\_\_\_

Goals for **Apr/May/Jun**: \_\_\_\_\_

\_\_\_\_\_

Achieved Goals     Did Not Achieve Goals: Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Total hours spent with horse this quarter:** \_\_\_\_\_

Goals for **Jul/Aug/Sep**: \_\_\_\_\_

\_\_\_\_\_

Achieved Goals     Did Not Achieve Goals: Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Total hours spent with horse this quarter:** \_\_\_\_\_

# Expenses

**Directions: Use round figures (no cents) for all costs and amounts.**

- Supply Expenses are items such as vet wrap, shampoo, absorbine, etc.
- Feeding/Boarding includes all feed, supplements, grain, pasture, etc.
- Healthcare includes all veterinary, maintenance, farrier, etc.
- Other includes tack, entry fees, fees for lessons, or anything that may not fit in another place
- Income includes premium monies, sale of a horse or foal

**Health Care & Maintenance** (includes dewormer, vaccinations, hoof care, illness or injury)

Date	Drug, injury description, method of dewormer, etc.	Results	Cost
<b>Total Health Care Expenses</b>			\$

### Feeding/Boarding Expense

Date	Description	Cost

Date	Description	Cost
<b>Total Feeding Expenses</b>		

### Feeding Schedule

Use a separate column for each type of feed fed. Write the feed type, including pasture, supplements, hay, grain, etc. Put the amount you feed per day in the boxes below. When you make a change in what you feed, write in the date and the appropriate changes.

Date	Type of Feed					Reason for Change
Oct. 1						

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



