



4-H Horse and Pony Project Record (complete this form for each project)

Use tab key to move cursor to each field. Field will expand as you type.

- This Record Belongs to: _____ Year: _____

- Club Name:
 Junior Intermediate Senior Years in 4-H _____ Birth Date _____

- Name of Project animal: _____
 - Number of years in this project area: _____
 - Date project started: _____ (Month/Day/Year)
 - Date this year project was completed: _____ (Month/Day/Year)
 - Highest performance level achieved: _____ (Month/Day/Year)

- Title of Project Activity Guide:
 Level I Level 2 Level 3
Horsing Around Galloping Ahead Blazing the Way

Year in Achievement Program Level: Year 1 Year 2 Year 3

Number of activities completed in the activity guide this year: _____

- My goals for this year are to:

I have completed this record and believe all information to be complete and accurate.

Member Signature

Date

Volunteer/Leader Signature

Date

Extension Educator

Date

COUNTY, STATE OR NATIONAL 4-H SPONSORED HORSE ACTIVITIES

*Record horse show classes on page 2 and local club activities on page 4, If you have more than one project animal, only complete this page once .

Check the activities you participated	Activity*	Total # of sessions attended	Placing (if any)
<input type="checkbox"/>	County Horse Bowl Practice		
<input type="checkbox"/>	County Horse Bowl Competition		
<input type="checkbox"/>	State Horse Bowl Practice		
<input type="checkbox"/>	State Horse Bowl Competition		
<input type="checkbox"/>	State Team (going to Nationals) Practice & Competition		
<input type="checkbox"/>	County Judging Team		
<input type="checkbox"/>	State Judging Team		
<input type="checkbox"/>	State Hippology Team		
<input type="checkbox"/>	County Model Horse Show		
<input type="checkbox"/>	County Fair Poster Contest		
<input type="checkbox"/>	County Fair Horsemanship Contest		
<input type="checkbox"/>	State Horse Jamboree		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Communications

Date	Activity	Topic or Title	Award (if any)
	County Public Speaking Day		
	State Horse Jamboree Speech or Demo		
	County Fair Speech or Demo		
	State Fair Speech or Demo		
	Speech or Demo presented to club		
	Speech or Demo presented to school or other organization		

Complete the following record. Record routine and emergency veterinary visits and include specific shots, coggins, and other test performed. *If you lease a horse and are not directly responsible for these expenses you must still complete these sections.*

Veterinary Record		
Date	Treatment	Cost
*Total		\$ 0.00

*Write this total on page 6

Record each Farrier visit as it occurs. Place an X in the appropriate box for trim, shoe, or reset.

Farrier Record				
Date	Trim	Shoe	Reset	Cost
*Total				\$ 0.00

*Write this total on page 6

Project Financial Journal

Expenses are all the items you paid for to support this 4-H project. Income is all the monies you receive from the sale of services, products, and premiums for this Project.

Expense	
Treatment	Cost
Vet (including parasite control)	
Farrier	
Grain	
Hay	
Bedding	
Board (if applicable)	
Tack (saddle, bridle, etc. purchased this year)	
Equipment (brushes, lead ropes, halter etc...purchased this year.)	
Supplies (fly spray, shampoo etc...purchased this year.)	
Horse Show Fees	
Membership Fees (HCYHS, AQHA etc...)	
Training (Horse)	
Lease (if applicable)	
*Total	\$ 0.00

Income	
Treatment	Cost
Sale of tack, equipment etc ...	
Premium	
*Total	\$ 0.00

HORSE/PONY INFORMATION FORM

Complete one form for each project animal. A copy of this page should be posted where horse is stabled. The purpose of this sheet is to provide specific information to anyone who might have to care for your horse/pony in an emergency situation. Use the back to give detailed instructions if necessary.)

Name of Animal _____

Color _____ Markings (be specific) _____

Height _____ Breed _____

Owner's Name _____

Telephone Number _____ Cell Phone _____

Emergency contact (other than owner) _____

Telephone Number _____

Veterinarian Name _____

Veterinarian's Phone Number _____

Farrier's Name _____

Farrier's Phone Number _____

Daily Feed and Care Information

Feed information – include type of measure you use for grain (scoop, coffee can etc.). In special instructions, include stable or pasture instructions.

	Type or brand	AM Amount	PM Amount
Grain			
Hay			
Medication(s) (if any)			

Special Instructions: (include turn-out information and any special feeding instructions. Use back of this page if necessary)