



**4-H Horse and Pony Record  
Grades 9-12, Senior**



4-H 901C-W  
NEW 1999

Clint Rusk, Extension Specialist, 4-H Youth Development, Colleen Brady, Extension Specialist, 4-H Youth Development, Carla Kerr, Department of 4-H Youth, and Mark Russell, Extension Horse Specialist, Department of Animal Sciences.

Record for Year \_\_\_\_\_

Name \_\_\_\_\_ Grade in School \_\_\_\_\_

Address \_\_\_\_\_  
(Street, Rural Route) City State Zip

County \_\_\_\_\_ Club \_\_\_\_\_ Township \_\_\_\_\_

Years in 4-H \_\_\_\_\_ Years in Horse and Pony \_\_\_\_\_  
(including this year) (including this year)

This Record is for:

Name of Animal \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Breed or type \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Pedigree (if known)

_____	_____	_____
(Name)	(Sire)	(Paternal Grandsire)
_____	_____	_____
		(Paternal Granddam)
_____	_____	_____
	(Dam)	(Maternal Grandsire)
_____	_____	_____
		(Maternal Granddam)

I have reviewed this record and believe it to be correct.

Signature of Horse and Pony leader \_\_\_\_\_ Date \_\_\_\_\_

**Horse Management Worksheet****Hay record**

Date	Amount Purchased	Cost
	<b>Total Cost (Line 1)</b>	_____

**Pasture record (avg. cost of \$.20/day)**

Month	Days	Cost/day	Total cost
		<b>Total Cost (Line 2)</b>	_____

**Concentrate record**

Date	Item purchased	Cost
	<b>Total Cost (Line 3)</b>	_____

**Bedding, Board, or Maintenance record**

Date	Item purchased	Cost
	<b>Total Cost (Line 4)</b>	_____

**Equipment and supplies purchased  
 (Tack, tools, buckets, bedding, etc.)**

Date	Item purchased	Cost
	<b>Total Cost (Line 5)</b>	

<b>Summary of Direct Expenses</b>	
Line 1 (Hay)	_____
Line 2 (Pasture)	_____
Line 3 (Concentrate)	_____
Line 4 (Board, Bedding, Maintenance)	_____
Line 5 (Equipment and Supplies)	_____
<b>Total Expenses</b>	_____

**Activities in which you participated this year with your horse**


1. How much did you personally contribute towards the expenses of keeping this animal?

\_\_\_\_\_  
 \_\_\_\_\_

2. What would you have done with this amount of money if you were not involved in this project?

\_\_\_\_\_  
 \_\_\_\_\_

3. What will you change for next year?

\_\_\_\_\_  
 \_\_\_\_\_

4. What did you learn from this project?

\_\_\_\_\_  
 \_\_\_\_\_

<b>4-H Horse and Pony Health Record</b>			
<b>Treatment</b>	<b>Dates</b>	<b>Product Used</b>	<b>Veterinarian's Recommendations</b>
Tetanus toxoid			
Eastern and Western Encephalomyelitis			
Influenza			
Rhinopneumonitis			
Potomac Horse Fever			
Strangles			
Internal Parasites (deworming)			
Coggins test			
Other (i.e. Dental Care)			

Attending Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

**The Indiana Veterinary Medical Association (IVMA) Equine Committee Preventative Medicine Program Recommendations:**

*Tetanus Toxoid:* 2 primary injections followed by an annual booster.

*Eastern and Western Encephalomyelitis (Sleeping Sickness):* 2 primary injections followed by an annual booster.

*Influenza/Rhinopneumonitis (Flu/Rhino):* 2 primary injections followed by boosters every 90 days and at least 14 days before show or exposure to other horses.

*Deworming:* Consult with a veterinarian about products, frequency and rotation for deworming.

*Potomac Horse Fever:* Semi annual injections - most important in the spring.

*Streptococcus equi (Strangles):* Discuss possible vaccinations with your veterinarian.

The IVMA encourages all 4-H horse exhibitors to work with their veterinarians to develop specific preventative medicine programs to ensure the health and welfare of their animals. A client-patient-veterinarian relationship can be a special part of the 4-H experience for young animal exhibitors.

In response to requests from many 4-H exhibitors, the IVMA has developed this form to help horse owners better understand their animals' health requirements and document their health care programs.

Indiana Veterinary Medical Association  
309 W. Washington St. Suite 202  
Indianapolis, IN 46204  
317-974-0888

This publication is partially funded by the Indiana 4-H Foundation, Inc.

It is the policy of the Purdue University Cooperative Extension Service, David C. Petritz, that all persons shall have equal opportunity and access to the programs and facilities without regard to race, color, sex, religion, national origin, age, marital status, parental status, sexual orientation, or disability. Purdue University is an Affirmative Action employer. This material may be available in alternative formats.

1-888-EXT-INFO

<http://www.agcom.purdue.edu/AgCom/Pubs/menu.htm>