

PORTAGE COUNTY 4-H HORSE PROJECT RECORD - 20__

Name _____ Age on Jan. 1 _____ County _____
 Year in Club Work _____ Year in Horse Project _____ Breed of Horse(s) _____

Horse No.	Age	Registration No. (if possible)	Filly	Mare	Gelding	Stallion
1.						
2.						

Estimate value of Horse (actual value if bought) when record started \$ _____

Do you own your horse? _____ If not, explain the type of arrangement you have – where boarded, arrangement with owner, etc. _____

What kind of housing is provided for your horse(s)? _____

If your horse is already trained, tell what kind of training he / she has had: _____

What training do you plan to give your horse this year? _____

Check the equipment you have at the beginning of project year and write in kinds after items 1 and 2:

- 1. Saddle(s) _____ Kinds – A. _____ B. _____ C. _____
- 2. Bridle(s) _____ Kinds – A. _____ B. _____ C. _____
- 3. Halter(s) _____ 4. Lead Rope _____ 5. Buckets _____ 6. Feed Tube _____
- 7. Horse Trailers _____

GROOMING EQUIPMENT

- 8. Hoof Pick _____ 9. Corn Brush _____ 10. Blankets _____ 11. Curry Comb _____
- 12. Clippers _____ 13. Grooming Cloth _____

Others (write in others not listed) _____

Estimated value of above equipment \$ _____

FEED RECORD

Give the grain mixture you normally feed your horse (s) each day: _____

Average cost of one day's grain \$ _____

Estimated or actual value of pasture rental \$ _____ No. days on pasture _____

EQUIPMENT ADDED DURING YEAR

Date	Item of Equipment	Value
TOTAL		

TRANSPORTATION EXPENSES

(Compute @ No. of Miles You Transported Your Animal x \$00.20)

Date	Activity	No. of Miles	Cost
TOTAL			

OTHER EXPENSES

(Veterinary Fees, Shoeing, Show Entries, Etc.)

Date	Item of Expense	Cost
TOTAL		

HEALTH AND CARE RECORD

(Lameness, Injuries, Etc.)

Date	Treatment Given	Who Treated Horse

**LIST OF JUDGING EVENTS, TRAINING MEETINGS, DEMONSTRATIONS
IN WHICH YOU PARTICIPATED OR ATTENDED**

Date	Event	Date	Event

EXHIBIT RECORD

Date	Exhibit	No. in Class	Placing	Premium

**TOTAL VALUE OF
PREMIUM**

SUMMARY OF PROJECT

EXPENSES:

Total value of feeds \$ _____
 Other expenses (other expenses & transportation expenses – see page 2) \$ _____
 Value of animal at beginning of year \$ _____
 Value of equipment at beginning of year \$ _____
TOTAL \$ _____

INCOME:

Sale of horses \$ _____
Premium money won \$ _____
Value of animal at end of project year \$ _____
Value of equipment at end of year \$ _____
TOTAL \$ _____

CHECK LIST: (Check if you have completed practice or have learned the following)

Horse Record _____ Basic Training _____ Feeding _____
Safety Observance _____ Pose at Halter _____ Worming _____
Manager Tie _____ Elementary riding _____ Fly Control _____
Bowline _____ Care of Equipment _____ Grooming _____

(TO BE SIGNED AT END OF YEAR)

THIS IS A COMPLETE AND ACCURATE RECORD OF MY WORK IN THIS PROJECT

Signature of 4 – H Club Member

APPROVED: _____ (Parent)

_____ (Local or Project Leader)