



WASHINGTON COUNTY 4-H HORSE PROJECT SHEET



Year: _____ to _____

Name _____ Grade _____ Number of Years in Project _____

Horse Information

Name of Horse _____

Sex _____ Age _____ Height in Hands _____ Breed or Type _____

Registration Number _____

Type of riding (check any that apply): English Western Driving

Ownership (check one): Personally owned Family Owned Non-Family Owned

List name of owners if Non-Family Owned _____

Explain why you are taking this project and what you hope to learn/accomplish this year (your goal).

Financial Agreement

I have the following financial agreement with my parents and/or owner

TACK AND EQUIPMENT INVENTORY

Check all items owned or used. Do not overlook such items as combs, brushes, buckets, leads, etc. Indicate the condition of all items—Excellent, **Good**, **Fair**—and indicate items purchased, replaced, or added during the year.

| Article Owned | Condition (E, G, F) | Cost of Replacement | Article Owned | Condition (E, G, F) | Cost of Replacement |
|---------------------|------------------------|------------------------|-----------------------|------------------------|------------------------|
| Halter(s) | | | Tack | | |
| Lead Shank | | | Saddle | | |
| Sheet | | | Pad/Blanket | | |
| Blanket | | | Breast Plate | | |
| Cooler | | | Bridle | | |
| Shipping Boots | | | Extra Bits | | |
| Bandages | | | Harness | | |
| Longe Line | | | Surcingles | | |
| Longe Whip | | | Leather Punch | | |
| | | | Bucket | | |
| Grooming | | | Crop, Whip | | |
| Soft Brush | | | Bosal | | |
| Hard Brush | | | Bareback Pad | | |
| Curry Comb | | | Spurs | | |
| Hoof Pick | | | Stall Guard | | |
| Shedding Blade | | | Hay Net | | |
| Sweat Scraper | | | Saddle Rack | | |
| Sponges | | | Tack Bow | | |
| Scissors | | | Saddle Soap | | |
| Clippers | | | | | |
| Buckets | | | Riding Clothes | | |
| Water Brush | | | Boots | | |
| Shampoo | | | Stable Boots | | |
| Wash Rags | | | Hats | | |
| Others | | | Show Outfit | | |
| | | | Chaps | | |
| Medical Aids | | | Others | | |
| Hoof Conditioner | | | | | |
| Antibacterial Soap | | | Miscellaneous | | |
| Antiseptic Salve | | | | | |
| Cotton | | | | | |
| Alcohol | | | | | |
| Liniment | | | | | |
| Colic Medication | | | | | |
| Thermometer | | | | | |
| Fly Repellent | | | | | |

(cont)

MAINTENANCE AND HEALTH RECORDS

List all actions that were taken on your horse for this Project year. Include foot care, deworming, shots, and other health-related expenses.

| FOOT CARE | | |
|---|------------------------------|------|
| List all shoeing, trimming, and other foot-care costs | | |
| Date | Action Taken – Supplies Used | Cost |
| | | |
| | | |
| | | |
| | | |
| | | |

| DEWORMING | | |
|---|------------------------------|------|
| List each time that your horse was wormed. Include the type/method used (powder, paste, etc.) | | |
| Date | Action Taken – Supplies Used | Cost |
| | | |
| | | |
| | | |
| | | |
| | | |

| INOCULATIONS AND TESTS | | |
|-------------------------------|------------------------------|------|
| Date | Action Taken – Supplies Used | Cost |
| | | |
| | | |
| | | |
| | | |
| | | |

| MISCELLANEOUS VETERINARY/HEALTH ITEMS | | |
|--|------------------------------|------|
| Date | Action Taken – Supplies Used | Cost |
| | | |
| | | |
| | | |
| | | |
| | | |

Project Expense – Feed, Bedding, Equipment, Health, OtherTOTAL _____

PROJECT MEETINGS

Do you have a Club Project Leader? Yes No

Number of Club Project meetings held _____

Number I attended _____

County Horse Project meetings held _____

Number I attended _____

Was the project self-guided? (Member worked independently without a project leader) Yes No

Are you a Youth Leader in this project? Yes No

PROJECT TALKS AND DEMONSTRATIONS YOU HAVE GIVEN

| <u>Date</u> | <u>Title</u> | <u>Where</u> |
|-------------|--------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

OTHER ACTIVITIES AND EVENTS DONE IN THIS PROJECT (Tours, Workshops, Etc.)

| <u>Date</u> | <u>Type of Event</u> | <u>Where</u> |
|-------------|----------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EXHIBITS

*Must have exhibited at county fair to be eligible for County Award

| <u>Animal/Items</u> | <u>Where</u> | <u>Placing</u> |
|---------------------|--------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4-H Horse Experiences: You must include the following:

- ✓ Did you meet your goal? WHY OR WHY NOT?
 - ✓ What you've learned this year, including new skills
 - ✓ Problems or challenges that you had and how you solved them
 - ✓ Leadership and/or teaching responsibilities you have had in this Project.
- If additional space is needed, please add another sheet.

*Add pictures and/or news articles specifically related to this project following this form to illustrate what you did in the project this year.