

**HORSE PROJECT RECORD** (one per horse)

20 \_\_\_\_\_

Number of Years in Horse Project: \_\_\_\_\_

**What are your goals for this project?**

- A. \_\_\_\_\_  
 \_\_\_\_\_
- B. \_\_\_\_\_  
 \_\_\_\_\_

Horse Name	Age	Registration Number (if possible)	Breed	Filly	Mare	Gelding	Stallion

Do you own this horse?      \_\_\_ Yes      \_\_\_ No

If no, explain the type of arrangement you have – where boarded, arrangement with owner, etc.

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

What kind of housing is provided for this horse?

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

What type of training has this horse had and what type of training are you planning to introduce to your horse?:

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

Check the equipment you have at the beginning of project year

___ Halter(s)	___ Hoof Pick	___ Saddle type:
___ Lead Rope	___ Corn Brush	___ Saddle type:
___ Buckets	___ Blankets	___ Saddle type:
___ Feed Tub	___ Curry Comb	___ Bridle type:
___ Horse Trailer	___ Clippers	___ Bridle type:
___ Other	___ Grooming Cloth	___ Bridle type:
___ Other	___ Other	___ Other

**EQUIPMENT ADDED DURING YEAR**

Date	Item of Equipment

**FEED RECORD**

Date Purchased	Type of Feed Purchased or Raised on Farm (Grain mixture normally fed to your horse daily)	Average Cost per month
Jan		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sept		
Oct		
Nov		
Dec		
<b>TOTAL EXPENSES</b>		

Estimated or actual value of pasture rental \$ \_\_\_\_\_

Number of days on pasture \_\_\_\_\_

**HORSE HEALTH CARE RECORD (Veterinary fees, injuries, shoeing, etc.)**

Date	Treatment Given	By Whom	Cost
<b>Total</b>			

**EXPENSES:**

Total value of feeds ..... \$ \_\_\_\_\_

Pasture Rental ..... \$ \_\_\_\_\_

Horse health care ..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

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

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Horse Record      | <input type="checkbox"/> Basic Training    | <input type="checkbox"/> Feeding     |
| <input type="checkbox"/> Safety Observance | <input type="checkbox"/> Pose at Halter    | <input type="checkbox"/> Worming     |
| <input type="checkbox"/> Manager Tie       | <input type="checkbox"/> Elementary Riding | <input type="checkbox"/> Fly Control |
| <input type="checkbox"/> Bowline           | <input type="checkbox"/> Care of Equipment | <input type="checkbox"/> Grooming    |

**Other skills learned:**

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