

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		
TOTAL EXPENSES		

Number of days on pasture _____

HORSE HEALTH CARE RECORD (Veterinary fees, injuries, farrier, de-worming, vaccines, etc.)

Date	Treatment Given	By Whom	Cost
Total			

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 |

