



THE RIDER HORSE AND PONY RECORD BOOK

(Age as of January 1, of the current year.)

REVISED 2013

| NAME | AGE |
|------------------------|----------|
| ADDRESS | |
| | ZIP CODE |
| DATE OF BIRTH | |
| YEARS IN HORSE PROJECT | |
| 4-H CLUB NAME | |
| DATE RECORD BEGAN | |
| DATE RECORD COMPLETED | |
| 4-H CLUB LEADER | |
| LEADER'S PHONE # | |

DESCRIPTION OF PROJECT HORSE/PONY

HORSE PHOTO IS REQUIRED

| HORSE INFORMATION: | | |
|-------------------------------------|---------------------------------|-------------------|
| NAME OF HORSE | | |
| BREED | _ REGISTRATION # | NOT REG |
| COLOR | MARE GELDING AGE OF HORS | SE |
| HORSE/PONY HEIGHT | HORSE/PONY WEIGHT | |
| HOW LONG HAVE YOU O | WNED YOUR HORSE/PONY | OR LEASED |
| DESCRIBE YOUR HORSE UMARKINGS, ETC. | JSING PROPER TERMINOLOGY FOR BI | REED, COLOR, SEX, |
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HORSE'S/PONY'S HEALTH

| VETERINARIAN'S NAME | PHONE | | |
|--|--|-----------------------|--|
| VITAL SIGNS (have someone help | p you take your horse's vi | tal signs.) | |
| HORSE'S TEMPERATURE IS: | RESPIRATION IS: | PULSE IS: | |
| IMMUNIZATIONS ARE REQUIRED (ask your leader for required shor FOR SHOTS HE/SHE RECOMMEN OF SHOT DOCUMENTATION AT 1 | ots). YOU MAY CONSULT DS FOR YOUR HORSE. PL | YOUR VETERINARIAN | |
| IMMUNIZATIONS | | | |
| WHAT DOES "IMMUNIZATION" I | MEAN? | | |
| WHY DO YOU IMMUNIZE YOUR | HORSE/PONY AND ON W | HAT DATES | |
| <u>DEWORMING</u> | | | |
| WHY DO YOUR DEWORM YOU H | IORSE/PONY? | | |
| HOW OFTEN DO YOU GIVE YOUF (worms)? | R HORSE/PONY MEDICAT | ION TO KILL PARASITES | |

| WHEN DO YOU GIVE YOUR SHOTS AND WHY: | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| EXAMS, ILLNESSES AND INJURIES | | | | |
| DID YOUR HORSE/PONY GET HURT OR SICK THIS YEAR? IF SO, TELL US ABOUT IT. IF NOT, HOW DID YOU KEEP YOUR HORES/PONY HEALTHY? | | | | |
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| FEEDING AND BEDDING | | | | |
| TELL US ABOUT WHERE YOUR HORSE/PONY LIVES | | | | |

| DOES YOUR HORSE/PONY HAVE A BARN OR SHELTER TO STAY IN? CAN YOU DESCRIBE IT? WHAT KIND OF BEDDING DO YOU USE? |
|---|
| |
| DO YOU FEED YOUR HORSE/PONY HAY OR GRAIN? CAN YOU TELL US ABOUT IT? |
| BIT - WHAT KIND OF BIT DO YOU USE? PLEASE DESCRIBE IT |
| DOES YOUR HORSE/PONY NEED MEDICINE OR SPECIAL SUPPLEMENTS? IF SO, WHAT ARE THEY? |
| DOES YOUR HORSE/PONY GET TREATS OR A SALT BLOCK? IF SO, TELL US ABOUT THEM. |
| LIST 2 SAFETY RULES: |
| |

TIME SPENT WITH YOUR HORSE/PONY - WEEKLY

| DATE | FEEDING | STALL CLEANING | GROOMING | RIDING/WORKING WITH HORSE/PONY |
|------|---------|----------------|----------|-----------------------------------|
| DATE | FEEDING | STALL CLEANING | GROOMING | RIDING/WORKING WITH HORSE/PONY |
| DATE | FEEDING | STALL CLEANING | GROOMING | RIDING/WORKING WITH HORSE/PONY |
| DATE | FEEDING | STALL CLEANING | GROOMING | RIDING/WORKING WITH HORSE/PONY |

MY STORY:

MY HORSE: