

Hillsdale County Fair Horse Project Book 2023

Members must obtain this packet with stall approval from Hillsdale Horse leader representative prior to leaving Saturday night after 10pm or Sunday morning before 10 am.
(stalls left dirty can result in loss of premiums**)**

4-H Member Name: _____

4-H Club Name: _____

Horse Health

Veterinarian's Name: _____ Phone Number: _____

Vital Signs: FILL OUT WITH DVM AT CHECK IN

Normal vital signs: Temperature: 100 – 100.5 degrees
 Respiration: 8 -15 breaths per minute
 Pulse: 45 – 60 beats per minute

My horse's temperature is: _____ My horse's respiration is: _____ My horse's pulse is: _____

Immunization & Coggins

Please consult your veterinarian for the shots he/she recommends for your horse. Include a copy of the immunization documentation at the end of the record book.

| Date | Reason Needed | Vaccination Provided | Cost | Administered by |
|------|---------------|----------------------|------|-----------------|
| | | | | Vet Self |

Dental Care Equine Dentist's Name: _____ Phone _____

| Date | Procedure Done | Cost |
|------|----------------|------|
| | | |
| | | |
| | | |
| | | |

Deworming

| Date | Product Name/Brand | Cost | Type |
|------|--------------------|------|------|
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| | | | |

Hoof Care Farrier's Name: _____ Phone _____

| Date | Work Performed | Describe | Cost |
|------|----------------------------------|----------|------|
| | ___ Shoes ___ Trim ___ Treatment | | |
| | ___ Shoes ___ Trim ___ Treatment | | |
| | ___ Shoes ___ Trim ___ Treatment | | |
| | ___ Shoes ___ Trim ___ Treatment | | |
| | ___ Shoes ___ Trim ___ Treatment | | |
| | ___ Shoes ___ Trim ___ Treatment | | |

Feeding and Bedding Summary

| |
|---|
| Is your horse kept at your home? Yes Or No |
| Horses should always have access to clean fresh water. True or False |
| What do you feed your project animal(s), and how often? (Hay/Grain/Supplements) |
| Estimated monthly cost to care for your equine project(s): (Board/Hay/Grain/Supplements/Bedding Etc.) |
| What have you done to prepare your project animal(s) for the fair? |

Member's Signature _____ Date: _____

Parent's Signature _____ Date: _____

****CHECKOUT AFTER 10PM SATURDAY NIGHT OR BEFORE
10 AM SUNDAY MORNING****

Stall checked and cleared to leave by HHL: _____