4-H HORSE PROJECT SUPPLEMENTARY RECORD

MEMBER INFORMATION

Member's Name_____

Age_____ Club_____

Year in this project_____

Number of years in 4-H, including this year_____

Number of project meetings held_____

Number of meetings attended_____

Demonstrations or talks pertaining to this project_____

_____

_____

Please attach photo here

INFORMATION ABOUT YOUR

Name of horse_____

Registration number (if any)_____ Breed_____

Mare (X)_____ Gelding (X)_____ Birth date_____ Horse's age_____

Height_____hands Weight_____lbs. Color_____

Markings_____

Brands or tattoos_____

I have had this horse since_____

_____

SIGNATURES

Signature of Project Member_____

Signature of Project Leader_____

_____

Emerald Star Project of: Renee Kusler-1993 San Bernadino County Information compiled from: San Bernadino County, San Luis Obispo County and the recommendations of various 4-H Horse Project Leaders.

Horse Health Record

Record of

Date:	Vaccinated for:	Cost:
	Tetanus	
	Influenza	
	Eastern, Western Equine Encephalomyelitis	
	Equine Rhinopneumonitis	
	Other:	

Line 1……Total_____

Record of Parasite

Date:	Drug Used:	How Administered:	Cost:

Line 2…….Total_____

Record of Hoof

Date:	Item or Service:	Cost:

Line 3……Total_____

Veterinary Record

Date:	Item or Service:	Cost

Line 4……Total_____

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Feed Record

Average Daily Feed

Hay or Grass:

Type_____ **Amount**_____

Concentrate:

Type_____ **Amount**_____

Other Feeds or Additives:

Type_____ **Amount**_____

How are salts and minerals provided?_____

How did you determine the type and amount of feed?_____

_____

_____

Record of Feed Costs and Amounts for Year

	Hay		Concentrate		Pasture		Boarding			Total
Month	**Lbs.**	**Cost**	**Lbs.**	**Cost**	**Days**	**Cost**	**Cost**	**Other**	**Cost**	**Monthly**
July										
Aug.										
Sept.										
Oct.										
Nov.										
Dec.										
Jan.										
Feb.										
Mar.										
Apr.										
May										
June										
Sub Total										

Line ….……...……Total_____

_____

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Equipment Record

Equipment added during this project year (include gifts).

Date:	Item of Equipment:	Cost:

Line 6……..…..……Total_____

Equipment Inventory

No.	Item	What kind	Value @ start of project	Value @ end of project
	Saddle(s)			
	Bridle(s)			
	Halter(s)			
	Lead(s)			
	Saddle pad(s)			
	Bucket(s)			
	Feed Tub(s)			
	Grooming Equipment			
	Stable Sheets			
	Blankets			
	Medications			

Line 7……..…….Total value @ start of year_____

Line 8…….……..……Total value @ end of year_____

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Other Expenses

Include bedding, equipment rental, transportation, etc.

Date	Item	Receipt Number	Cost

Line 9……Total_____

4-H Show and Award

Date	Where shown or type of award	Name of Entry and Class	Placing	Premium	Expenses

(continued on next page)

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4-H Show and Award Record (continued)

Date	Where shown or type of award	Name of Entry and Class	Placing	Premium	Expenses

Line 10……...…Total_____

Line 11……..……..Total_____

4-H Events

I worked at or attended the following 4-H Horse Events:

Date	Event	Type of Involvement

Other Horse

Include Open Shows, Gymkhanas, Play Days, non 4-H Trail Rides, etc.

Date	Event	Type of Involvement or Awards

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Record of Time Spent on Project

Month	Cleaning & Grooming	Riding & Training	Meetings	Other	Total Hours	*Value of Time
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						

Total hours for year_____

Line 12……Total_____

***Apportion yourself an hourly wage for time spent with your project as if it were an actual job. Multiply the number of hours by the hourly wage to calculate the value of time spent on your project per month.**

Did you have any income as a result of your project? Explain briefly.

Line 13……Total_____

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Project Summary

Expenses

Value of horse(s) at beginning of project…….……$_____

Cost of immunization (line 1)……$_____

Cost of parasite control (line 2)……...$_____

Cost of hoof care (line 3)……..$_____

Cost of veterinary care (line 4)…….…...$_____

Cost of feed (line 5)……$_____

Cost of equipment added this year (line 6)……..$_____

Other expenses (line 9)……..$_____

Show expenses (line 11)……$_____

Total Expenses for the year…….……..$_____

Income

Value of horse(s) at end of project…….……...…...……$_____

Value of equipment at end of project (line 8)……....……$_____

Premium moneys won (line 10)……..…...…...$_____

Value of time spent on project (line 12)……...…..…..$_____

Income from your project (line 13)……..…….…..….$_____

Total Income for the year……..…$_____

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