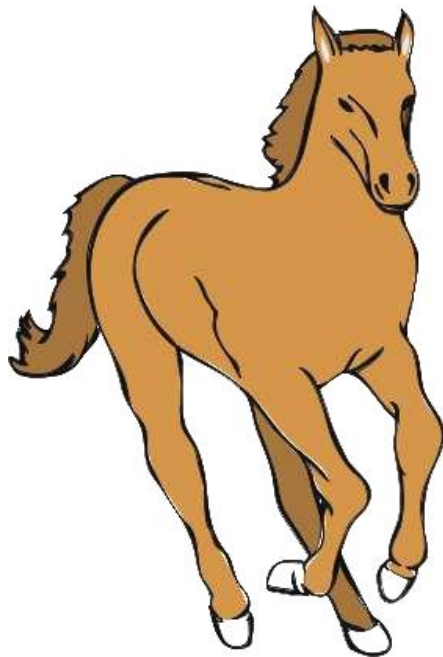


# 2019 Door County 4-H Horse & Pony Project Record Book



Name \_\_\_\_\_

4-H Club \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Phone Number \_\_\_\_\_

Horse's Name \_\_\_\_\_

***Use one record book for each project animal!***



**DOOR COUNTY 4-H  
PROJECT BOOK I.D. SHEET**  
**(Attach a copy of Negative Coggins Test)**  
One clear, colored photograph of the animal must be attached.

**4-H MEMBER INFORMATION**    Circle one:    regular member    horseless member

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Grade (as of Jan. 1) \_\_\_\_\_ 4-H Club \_\_\_\_\_

**HORSE INFORMATION**

Name of Horse \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Height in Hands \_\_\_\_\_

Breed or Type \_\_\_\_\_ Registration # \_\_\_\_\_  
(Attach a copy of registration papers)

Brief Description \_\_\_\_\_

Ownership (Circle one):    Personally Owned    Family Owned    Non-Family Owned

***If Non-Family owned, list:***

Owner's name \_\_\_\_\_ Phone number \_\_\_\_\_

**FEEDING RECORD**  
**April 1 through the Fair**

|  | APRIL | MAY | JUNE | JULY | Through<br>the Fair | TOTAL<br>USED | TOTAL<br>COST |
|--|-------|-----|------|------|---------------------|---------------|---------------|
| <b>Grain / Amount</b>                    |       |     |      |      |                     |               |               |
| <b>\$ Grain/Month</b>                    |       |     |      |      |                     |               |               |
| <b>Bales of Hay/Month</b>                |       |     |      |      |                     |               |               |
| <b>\$ Bales of Hay/Month</b>             |       |     |      |      |                     |               |               |
| <b>Cost of Salt &amp; Additive/Month</b> |       |     |      |      |                     |               |               |

**A. FEEDING COSTS: \$ \_\_\_\_\_**

**DESCRIPTION OF FEED AND SUPPLEMENTS**

**Grain:** Whole Oats \_\_\_\_\_ Crimped Oats \_\_\_\_\_ Crushed Oats \_\_\_\_\_ Corn \_\_\_\_\_

Barley \_\_\_\_\_ Commercial Feed \_\_\_\_\_ (Give analysis or attach a tag from the bag)

Other (list) \_\_\_\_\_

**Hay:** Alfalfa \_\_\_\_\_ Timothy \_\_\_\_\_ Clover \_\_\_\_\_ Orchard Grass \_\_\_\_\_

Brome Grass \_\_\_\_\_ Mixed Hay \_\_\_\_\_ Other (Give Name) \_\_\_\_\_

**Supplements:** Vitamins (What Kind) \_\_\_\_\_ Corn Oil \_\_\_\_\_

Salt \_\_\_\_\_ Wheat Germ Oil \_\_\_\_\_ Linseed Meal \_\_\_\_\_ Bran \_\_\_\_\_ Molasses \_\_\_\_\_

Other (list) \_\_\_\_\_

## JEFFERS EQUINE HEALTH RECORD

Owner \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Date Foaled \_\_\_\_\_ Sex \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Breed \_\_\_\_\_  
 Zip \_\_\_\_\_ Dam \_\_\_\_\_ Sire \_\_\_\_\_  
 Phone \_\_\_\_\_ Registration &/or Tattoo # \_\_\_\_\_

### VACCINATION HISTORY

| DISEASE           | DATES OF BOOSTER |  |  | COST |
|-------------------|------------------|--|--|------|
| Encephalomyelitis |                  |  |  |      |
| Influenza         |                  |  |  |      |
| Rhino pneumonitis |                  |  |  |      |
| Strangles         |                  |  |  |      |
| PHF               |                  |  |  |      |
| Rabies            |                  |  |  |      |
| Tetanus           |                  |  |  |      |
| Other             |                  |  |  |      |

**B. VACCINATION COSTS \$** \_\_\_\_\_

### DEWORMING HISTORY

| PRODUCT | DATE | COST |
|---------|------|------|
|         |      |      |
|         |      |      |
|         |      |      |
|         |      |      |
|         |      |      |
|         |      |      |

**C. DEWORMING COSTS \$** \_\_\_\_\_

|                    |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|
| Date of Fecal Exam |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|

### DENTAL PROCEDURES

| Date |  | Date |  |
|------|--|------|--|
|      |  |      |  |
|      |  |      |  |

**D. DENTAL COSTS \$** \_\_\_\_\_

**SUBTOTAL COSTS (B-D) \$** \_\_\_\_\_

**HOOF CARE PROCEDURES**

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

**E. HOOF CARE COSTS \$** \_\_\_\_\_

**MEDICAL HISTORY**

| Date | Symptoms / Diagnosis / Treatment | Cost |
|------|----------------------------------|------|
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |

**F. MEDICAL CARE COSTS \$** \_\_\_\_\_

(Add additional sheets, if you need more space.)

**Now add everything together:**

- A. Feeding Costs \_\_\_\_\_
- B. Vaccination Costs \_\_\_\_\_
- C. Deworming Costs \_\_\_\_\_
- D. Dental Costs \_\_\_\_\_
- E. Hoof Care Costs \_\_\_\_\_
- F. Medical Care Costs \_\_\_\_\_

**GRAND TOTAL -- ALL COSTS (A-F).....\$** \_\_\_\_\_



## DIARY OF TIME SPENT ON MY 4-H PROJECT & ACTIVITIES

This year, my horse and I participated in the following Door County 4-H Horse & Pony Events:

- Clinic: \_\_\_\_\_
- Clinic: \_\_\_\_\_
- Clinic: \_\_\_\_\_
- Spring Fun Show
- July Prep Day
- Junior Fair Pleasure Show
- Open Fair Pleasure Show
- Junior Fair Gymkhana Show
- Fall Fun Show
- Fall Trail Ride
- Spooktacular Show
- Drill Team

In addition, we also attended or participated in these events:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_











**PARENT / LEADER EVALUATION**

**A.** Parent evaluation of 4-H work and Signature. Discuss what your son/daughter accomplished in this project this year.

---

---

---

---

---

---

---

---

**Signature** \_\_\_\_\_

**B.** 4-H Club Leader Comments and Signature

---

---

---

---

---

---

---

---

**Signature** \_\_\_\_\_

**C.** Horse & Pony Project Chair Comments and Signature

---

---

---

---

---

---

---

---

**Signature** \_\_\_\_\_

**PHOTOGRAPHS**  
**(Do Not Attach Extra Pages)**

## REQUEST FOR FUNDING STATE EXPO AND/OR GYMKHANA

Use this form to request funding from the 4-H Horse & Pony Project to help you compete at the State Expo or State Gymkhana competition. **Exhibitors must adhere to the following requirements:**

- Attend at least two (2) Horse & Pony Project meetings prior to the Fair. College students must attend one (1) meeting prior to the Fair (during the current 4-H year).
- Sixteen (16) hours of volunteer work of your choice at a show, clinic, fair or workday. College students must volunteer eight (8) hours (hours must be recorded on Volunteer Hours-Record Sheet; form is available on our website and the UW-Extension website).
- Exhibit their animal at the Fair, and follow all Fair rules.
- Complete and turn in all registration information, funding requests, volunteer hours and Project Record Books on or before **Tuesday, August 6, 2019** to the Extension Office.

A special meeting may be held for those who need to turn in forms, funding requests, volunteer hours and record books.

*Members will...*

- turn in completed Expo and/or Gymkhana forms
- turn in completed Volunteer Hours-Record Sheet
- turn in completed Record Books

☞ Funding is available to those riders who participate by showing their animal in the Expo, Gymkhana, Dressage or State Fair (funding will be issued after the events).

☞ Record Books are available at <http://doorcounty4horseandpony.webs.com/> or <http://door.uwex.edu/4-h-youth-development/>

**I am requesting funding for the following:**

**State Gymkhana**

**State Dressage**

**4-H State Horse Expo**

**Champions Challenge (State Fair)**

Name \_\_\_\_\_

4-H Club \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**DOOR COUNTY 4-H  
PROJECT BOOK I.D. SHEET  
(Attach a copy of Negative Coggins Test)**

One clear, colored photograph of the animal must be attached.

**4-H MEMBER INFORMATION**    Circle one:    regular member    horseless member

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Grade (as of Jan. 1) \_\_\_\_\_    4-H Club \_\_\_\_\_

**HORSE INFORMATION**

Name of Horse \_\_\_\_\_

Sex \_\_\_\_\_    Age \_\_\_\_\_    Height in Hands \_\_\_\_\_

Breed or Type \_\_\_\_\_    Registration # \_\_\_\_\_  
(Attach a copy of registration papers)

Brief Description \_\_\_\_\_

Ownership (Circle one):    Personally Owned    Family Owned    Non-Family Owned

***If Non-Family owned, list:***

Owner's name \_\_\_\_\_    Phone number \_\_\_\_\_

**THIS SHEET MUST BE TURNED INTO THE EXTENSION OFFICE BY JULY 1st.**