

## 2024-2025





# & Pony Project Record Book





Name	 
4-H Club	
Age	Phone Number
E-Mail	

#### **GOAL SETTING**

We encourage each of our Project Members to set goals at the beginning of the 4-H year. Goal setting helps you to focus on what you'd like to do, and allows you to develop steps to reach those goals. Your goal should be achievable, but challenging. Record your top 3 goals below and use this sheet to track your achievements from October 1, 2024 to July 15, 2025.	
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For example, you could set a goal of having your horse pick up correct leads every time when asked; to get past a shying from flag problems, to walk into the trailer without hesitation. Or, you could set higher goals such as qualifying for State Expo, or placing top ten at Gymkhana. Make sure your goals are within your reach!

#### **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)			
E-Mail			
Grade (as of Jan. 1)			
HORSE INFORMATION			
Name of Horse			
Sex Age	Hei	ght in Hands	
Breed or Type		Registration #	
Brief Description			ch a copy of registration papers)
Premise ID#			
Ownership (Circle one): Pers	sonally Owned	Family Owned	Non-Family Owned
If Non-Family owned, list:			
Owner's name		Phone number	

#### FEEDING RECORD March 1 through July 15

	MARCH	APRIL	MAY	JUNE	JULY 1-15	TOTAL USED	TOTAL COST
Grain / Amount							
\$ Grain/Month							
Bales of Hay/Month							
\$ Bales of Hay/Month							
Cost of Salt & Additive/Month							

A. FE	EEDING	COSTS:	\$
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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)
Supp	lements: Vitamins (What Kind) Corn Oil
	Salt Wheat Germ Oil Linseed Meal Bran Molasses
	Other (list)

### **EQUINE HEALTH RECORD**

Owner		N	ame			
Address					ex Ht	
City	State		Breed			
Zip			Dam		Sire	
Phone			Registratio	n &/or Tattoo	#	
	ATION HISTORY 024 thru July 15, 20		· —	_	RMING HISTOI 2024 thru July 15	
DISEASE	DATES OF BOOSTER	COST		PRODUCT	DATE	COST
Encephalomyelitis						
Influenza						+
Rhino pneumonitis						
Strangles			<u> </u>			1
PHF						
Rabies			<u> </u>			
Tetanus				C. DEWO	RMING COSTS	\$ \$
Other						
B. VACCINATIO	N COSTS \$		Date Feca	of Il Exam		
		DENIT	DD 0055:	250		
	O		PROCEDUI 024 thru July 1	_		
Date			Date			

Date	Date	

D. DENTAL	. COSTS \$	
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SUBTOTAL COSTS (B-D) \$\_\_\_\_\_

#### **HOOF CARE PROCEDURES**

October 1, 2024 thru July 15, 2025

Date	Procedure	Cost	Date	Procedure	Cost

E. HOUF CARE COSTS \$	E.	<b>HOOF CARE COSTS</b>	3 \$
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#### MEDICAL HISTORY October 1, 2024 thru July 15, 2025

Date	Symptoms / Diagnosis / Treatment	Cost

			F. MEDICAL CARE COSTS \$_	
		(Add additional	sheets, if you need more space.)	
ľ	A. B. C. D.	redd everything togeth Feeding Costs Vaccination Costs Deworming Costs Dental Costs Hoof Care Costs Medical Care Costs	er:	
GRAND	TOT	AL ALL COSTS (A	-F)\$	

#### TACK AND EQUIPMENT INVENTORY

October 1, 2024 thru July 15, 2025

Check all items owned. Do not overlook such items as combs, brushes, buckets, leads, etc. Indicate the condition of **ALL** items (excellent, good, fair) and include items purchased or added during this project year.

ARTICLES OWNED	CONDITION (Ex, Good, Fair)	COST (For items <u>added</u> this year)	ARTICLES OWNED	COST CONDITION (Ex, Good, Fair)	(For items <u>added</u> this year)
GENERAL Halter			<b>TACK</b> Saddle		
Lead Shank			Saddle Pad/Blanket		
Sheet			Breast Plate		
Blanket		_	Bridle		
Cooler		_	Extra Bits		
Shipping Boots			Harness		
Bandages			Surcingle		
Longe Line			Leather Punch		
Longe Whip			Crop, Whip or Bat		
Other			Bosal		
			Bareback Pad		
			Spurs		
GROOMING			Stall Guard		
Soft Brush			Hay Net		
Hard Brush			Saddle Rack		
Curry Comb			Tack Box		
Hoof Pick			Saddle Soap		
Shedding Blade			Buckets		
Sweat Scraper			Other		
Sponges		<u> </u>			
Scissors			MEDICAL AIDS	(Do you have this in	your 1st Aid Kit?)
Clippers			Hoof Conditioner		
Buckets			Antibacterial Soap		
Water Brush			Antiseptic Salve		
Shampoo			Cotton		
Wash Rags			Alcohol		
Other			Liniment		
			Colic Medication		<del></del>
DIDING OF STUES			Thermometer		
RIDING CLOTHES			Fly Repellent		<del></del>
Boots		<del>-</del>	Other		<del></del>
Stable Boots		<del>-</del>	BEDDING		
Hats Show Outfit		<del>-</del>	Sawdust		
		<del>-</del>	Straw		
Chaps Other		<del>-</del>	Shavings		
Other		<del>-</del>	Other (Type)		
		<del>-</del>	Other (Type)		
			MISCELLANEOUS		
			TOTAL EXPENS	SES	

#### DIARY OF TIME SPENT ON MY 4-H PROJECT & ACTIVITIES October 1, 2024 thru July 15, 2025

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

	Clinic:
	Clinic:
	Clinic:
	Spring Fun Show
	Friday Night Lights
	July Prep Day
	Junior Fair Pleasure Show
	Open Fair Pleasure Show
	Junior Fair Gymkhana Show
	Fall Fun Show
	Drill Team
In a	ddition, we also attended or participated in these events:
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In the space below, please specifically indicate each day, the amount of time and the type of work you did with your project animal. Categories you can use for describing the work include but are not limited to: Grooming, Feeding, Tack Care, General Care, Riding, Training, Meetings and 4-H Project Activities. **The time period to be documented is from October 1, 2024 thru July 15, 2025.** Use additional pages if necessary. Two pages are provided for your use.

Example: April 23- 1 hour grooming, 1/2 hour tack care, 2 hours riding			

Diary of Time Spent (continued)	
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TOTAL HOURS \_\_\_\_\_

### AWARDS RECEIVED THIS YEAR October 1, 2024 thru July 15, 2025 (Specify 4-H or Open)

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### **ACTIVITY STORY**

Write about the horse-related activities that you participated in this year. What was the result of you participation? (i.e. What did you learn or earn? What are the most important effects that your 4-H experience has had on you this year?)		

### **PARENT / LEADER EVALUATION**

Α.	Parent evaluation of 4-H work and <u>Signature</u> . Discuss what your son/daughter accomplished in this project this year.
	Signature
B.	4-H Club Leader Comments and <u>Signature</u>
	Signature
C.	Horse & Pony Project Chair Comments and <u>Signature</u>
	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 <u>HORSE-RELATED</u> 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.
- > 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 <u>August 31, 2025</u> to the Extension Office.
- Our website <a href="https://doorcounty4hhorseandpony.webs.com/">https://doorcounty4hhorseandpony.webs.com/</a>

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://doorcounty4hhorseandpony.webs.com/ or http://door.uwex.edu/4-h-youth-development/

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

	State Gymkhana 4-H State Horse Expo	State Dressage  State Fair
Phone		E-Mail
Signature		
Date		

#### DOOR COUNTY 4-H HORSE & PONY PROJECT VOLUNTEER HOURS – INDIVIDUAL RECORD SHEET OCTOBER 1, 2024 through AUGUST 13, 2025

Note: Deadline for submitting hours is August 31, 2025

Name
Address
Phone Number(s)
E-Mail
4-H Club

- Sixteen (16) total hours of <u>HORSE RELATED</u> volunteer work of your choice at a show, clinic, fair, or workday; college students must volunteer eight (8) hours; of these required volunteer hours, twelve (12) hours [six (6) hours if a college student] must be at a <u>4-H EVENT</u> such as shows, clinics, fair, or workdays.
- An ADULT will need to initial the activity; if there is any question, the adult may be contacted for verification purposes.

DATE	ACTIVITY	TIME	ADULT INITIALS

TOTAL HOURS	

#### DOOR COUNTY 4-H PROJECT BOOK I.D. SHEET

(Attach a copy of Negative Coggins Test and Premise ID number)

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

4-H MEMBER INFORMATION	Circle one: r	egular member	horseless member
Name			
Address			
Phone Number(s)			
E-Mail			
Grade (as of Jan. 1)			
HORSE INFORMATION			
Name of Horse			
Sex Age	Н	eight in Hands	
Breed or Type Registration #			
Brief Description		•	ch a copy of registration papers)
Premise ID#			
Ownership (Circle one): Pers	sonally Owned	Family Owned	Non-Family Owned
If Non-Family owned, list:			
Owner's name	name Phone number		