



University
of Vermont

Extension
College of Agriculture and Life Sciences



UVM Extension 4-H Equine Project Record

Name: _____

Club Name: _____

Number of years in this project: _____

Circle type of project: Club Independent

Leader(s) Mentor(s) Name: _____

Member Signature: _____ Date: _____

Leader/Mentor Signature: _____ Date: _____

Why Keep An Equine Record?

- ✓ You will be able to set and record attainable goals for yourself
- ✓ Keeping records will help you remember the fun you had.
- ✓ Record keeping is a great way to develop your skills and organize your time.
- ✓ The information in your record will give you a chance to look back on your year and help you decide what you want to change for next year.
- ✓ Your record will be a way to share your project with others.

Equine Record Book Instructions

- ✓ Keep your record book up to date. (It makes record keeping easier.)
- ✓ Read through this record book – before you start recording information – to become familiar with the layout of the book.
- ✓ Discuss this record book with your parent (s) and your leader (s).
- ✓ If you have questions, ask for help from other members, your parent (s), leader (s), or 4-H staff.
- ✓ If you do not have any information for a section, indicate so by “N/A” (not applicable).
- ✓ Be creative, make the record book interesting and add your own personal touch.
- ✓ Each animal that you are showing needs a complete set of records. Add pages as you need them.
- ✓ This record book may be adapted for one or more animals in your 4-H horse project.
- ✓ Included on the bottom of most pages are life skills that can be more fully developed by completing that page of the record book.



Equine Project Record Book Score Sheet

Description	Comments	Score possible	Score
Member Record Book		10	
Equine Project Record Book			
Project goals & Summery		10	
Animal Information		5	
Health/Vet Services		10	
Dentist/deworming		5	
Farrier Services		5	
Other expenses (2 pages)		5	
Financial Summery		5	
Riding & Training		5	
Feed Record		10	
Activities & Events with Horse		5	
Hours worked		5	
Inventory		5	
My work		5	
Activity & Events without my Horse		10	
Total		100	

Year_____

Project Goals (at start of project)

State at least three goals at the beginning of your 4-H project year. Tell the things you want to learn from your 4-H equine project. Please discuss these goals with your leader.

1. _____

2. _____

3. _____

Member signature _____ Leader Signature _____

Summary of Accomplishments (when record book is due)

What goals have you accomplished? If you have not accomplished one or more goals, please explain. What have you learned? Tell of your experiences this year.

Member signature _____ Leader signature _____

Year_____

Barn Name of Animal_____Breed_____

Registered Name of Animal_____Registration No._____

Color:_____Height:_____Weight: _____Sex: _____

Do you own or lease this animal? _____Own _Lease (If leased, attached a copy of lease.)

Date obtained:_____From:_____

Pedigree of Animal (if known)

Grand Sire_____

Sire_____

Grand Dam_____

Name of Animal

Grand Sire_____

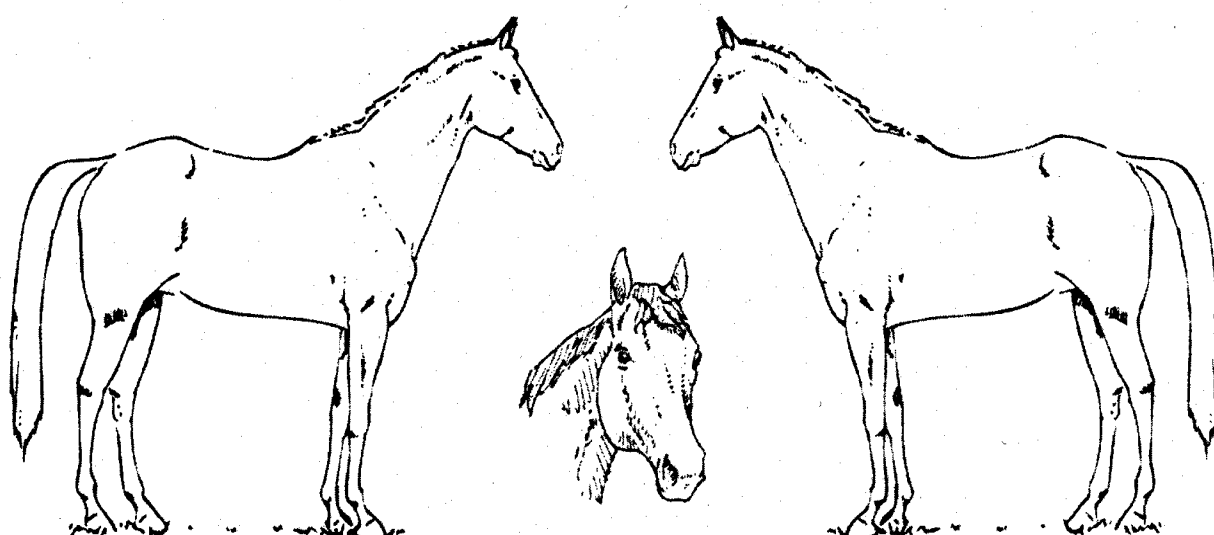
Dam_____

Grand Dam_____

Identification of Animal_____

Distinguishing features (i.e. markings, tattoos, brands, whorls, etc.)

Draw color marking on sides of face or provide a picture of each side.



Year_____

Health Record

Name of Animal_____

Name of Veterinarian_____Phone Number_____

Address_____

List dates for the following:

E/W/T (Eastern/Western Equine Encephalomyelitis and Tetanus)	Rabies
Rhino (Rhinopneumonitis/EHV-1/EHV-2)	Equine Influenza
Strangles	Potomac Horse Fever
Coggins Test (testing for Equine Infectious Anemia)	Other (explain)

Veterinary Services

Date	Service Provided (be specific)	Cost
Total Cost for Veterinary Service for the year \$		

Year _____
Animal _____

Health Record (continued)

Equine Dentistry

Name of Provider _____ Phone Number _____

Address _____

Date	Service Provided (be specific)	Cost
Total cost for equine dentistry for the year \$		

Deworming Schedule

Date	Name of Dewormer	Dosage Given	Cost
Total cost of deworming for the year \$			

Year_____

Farrier Services

Name of Farrier_____Phone Number_____

Address_____

Date	Services Provided (be specific)	Cost
Total cost for hoof care for the year \$		

Year_____

Other Expenses (Part 1)

Please include equipment, tack, clothing, etc. purchased during this year.

Date	Description	Cost
Total cost for other expenses part 1 for the year \$		

Add pages as needed

Year _____

Other Expenses (Part 2)

Please include trucking, entry fees, lessons*, board and pasture fees*, etc.

Date	Description	Cost
Total cost for other expenses part 2 for the year \$		

Add pages as needed

*Enter monthly totals

Life Skills – *Use of Resources, Decision Making*

Financial Summary*

Year_____

Description of Income or Expense	Income	Expense
Premiums		
Sale of horse(s)		
Any Other Income		
Veterinary Expenses		
Equine Dentistry Expenses		
Farrier Expenses		
Other Expenses Part 1		
Other Expenses Part 2		
Grain Expenses		
Supplement Expenses		
Hay Expenses		
Bedding Expenses		
Yearly Totals		

*This should be your yearly totals

Life Skills – *Learning to Learn, Marketable Skills, Planning/Organizing*

Year _____

Riding/Training Record

Month	Riding/Training Hours	Comments
<i>(Example)</i>	25	<i>Trail Rides, Lessons, Pleasure Riding, Training Sessions, Setup, Right Lead, Cross Rails, etc.</i>
October		
November		
December		
January		
February		
March		
April		
May		
June		
July		
August		
September		
Total		

*Enter monthly totals

Life Skills – *Personal Safety, Self-Responsibility*

Year _____

Yearly Feed and Bedding Costs

Month	Grain Quarts/Lbs.	Cost	Supplements	Cost	Hay	Cost	Bedding	Cost	Totals
October									
November									
December									
January									
February									
March									
April									
May									
June									
July									
August									
September									
Totals									

Year _____

Activities and Events with My Horse*

List the gymkhanas, horse shows, events, competitive trail rides, and other activities in which you participated with your horse.

Date	Activity/Location	Number of Participants in Class	Class	Placing

*Add additional sheets if needed

Life Skills – Character, Social Skills

Hours Worked

[illegible]

Year_____

Inventory*

I have the following First Aid items:

I have the following grooming items and barn tools:

I have the following items of tack and equipment:

Other items I use or have:

*Add items as acquired

My Work

Describe your daily or weekly labor routine including feeding, cleaning the stall/barn, grooming, cleaning tack, etc. These are jobs which you do every day or week. If your horse is boarded, tell how you help at the boarding stable and what your responsibilities are, including preparation for events.

I have made or helped make the following improvements to the barn/stable/shelter:

Date: What I did:



Equine activities I have participated in without my horse:
Include club project meeting work, knowledge contests, workshops, etc.

[illegible]

