



# 4-H HORSE RECORD

(1 For Each Animal)



My Name \_\_\_\_\_ Address \_\_\_\_\_ County \_\_\_\_\_

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

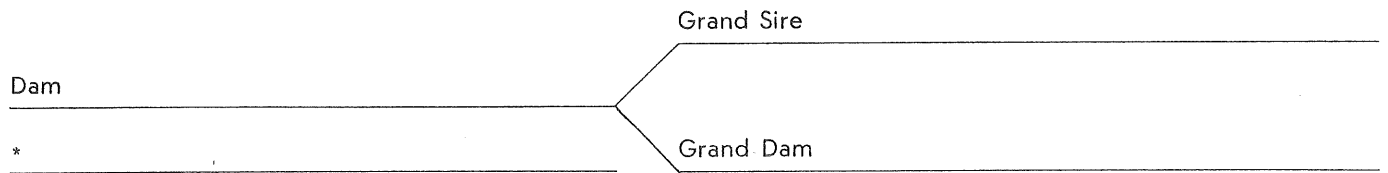
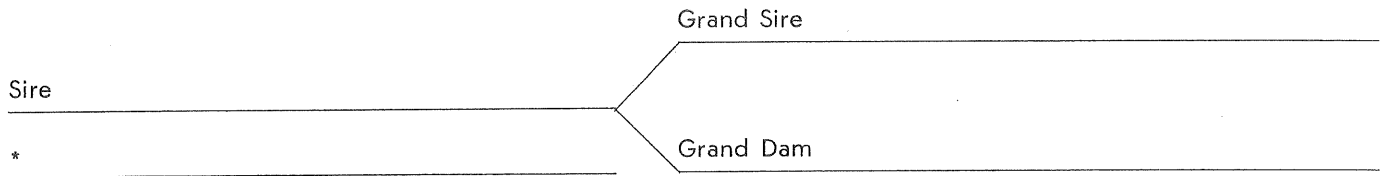
Date Born \_\_\_\_\_ Color \_\_\_\_\_ Present height \_\_\_\_\_ (hands) Present weight \_\_\_\_\_ (pounds)

Name of Breeder \_\_\_\_\_ Address \_\_\_\_\_

Date obtained \_\_\_\_\_ From \_\_\_\_\_ Cost or value \_\_\_\_\_

Disposal date \_\_\_\_\_ Reason or sold to \_\_\_\_\_ Value \_\_\_\_\_

**PEDIGREE**



\* Name of owner, color, etc.

**COMMENTS:** Illness or injury, breeding record, foals produced, etc. Give dates.

---

---

---

---

---

---

---

---

---

---

**HEALTH RECORD**

Vaccinations

Parasite control

	Dates				Date	Method & drug	Results
Tetanus							
Distemper							
Influenza							
Encephalemyolitis							
Other							

