



Date Record Started _____ Closed _____

4-H Horse Record (one record per horse)

Member's Name _____ Grade _____ Phone _____

Name of Horse _____ Registration # _____

Horse Date of Birth _____ Date Obtained _____

Owned _____ Leased _____

If sold or deceased, list date _____

Fill out the following information as if you were trying to identify your horse to someone who is not familiar with it.

Sex _____ Breed _____ Color _____ Height _____ Weight _____

Draw markings, brands, or significant scars on each side and face. Do not color. May use photo of front and side as an alternative.



THIS RECORD MAY BE OUT OF DATE.
For most current information:
<http://oregon.4h.oregonstate.edu>

Give a written description of your horse _____

(Include brands, tatoos, their locations, any special identifying marks, color, etc.)

Project Record Review—4-H leader to sign (or parent)

Quarterly Project Planning Goals

Goals for **Oct/Nov/Dec**

Achieved Goals Did Not Achieve Goals: Why or why not?

Total hours spent with horse this quarter: _____

Goals for **Jan/Feb/March**

Achieved Goals Did Not Achieve Goals: Why or why not?

Total hours spent with horse this quarter: _____

Goals for **April/May/June**

Achieved Goals Did Not Achieve Goals: Why or why not?

Total hours spent with horse this quarter: _____

Goals for **July/Aug/Sept**

Achieved Goals Did Not Achieve Goals: Why or why not?

Total hours spent with horse this quarter: _____

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Expenses

Directions: Use round figures (no cents) for all costs and amounts. Add an extra page, if necessary.

Supply Expenses are items such as vet wrap, shampoo, absorbine, etc.

Feeding/Boarding includes all feed, supplements, grain, pasture, etc.

Health Care includes all veterinary, maintenance, farrier, etc.

Other includes tack, entry fees, fees for lessons, or anything that may not fit in another place.

Income includes premium monies, sale of a horse or foal.

Health Care & Maintenance *(includes dewormer, vaccinations, hoof care, illness, or injury)*

Date	Drug, Injury Description, Method of Dewormer, etc.	Results	Cost
Total Health Care Expenses			\$

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Feeding/Boarding Expenses

Date	Description	Cost

Date	Description	Cost
Total Feeding Expenses		\$

Feeding Schedule

Date	Type of Feed				Reason for Change

Notes: _____

Income

Date	Description	Amount
Total Income		\$

Financial Summary

	Total Expenses
Health care	
Feeding & Boarding	
Supplies	
Other	
Grand Total	
Income	
Net Profit (Loss)	

Notes: _____

Inventory

Include all tack and equipment; it is okay to “lump” small items such as grooming supplies. Try to include serial numbers or distinguishing marks for large items. In case of theft, this will make recovery possible.

Item	Value	
Total Value of Inventory		\$

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