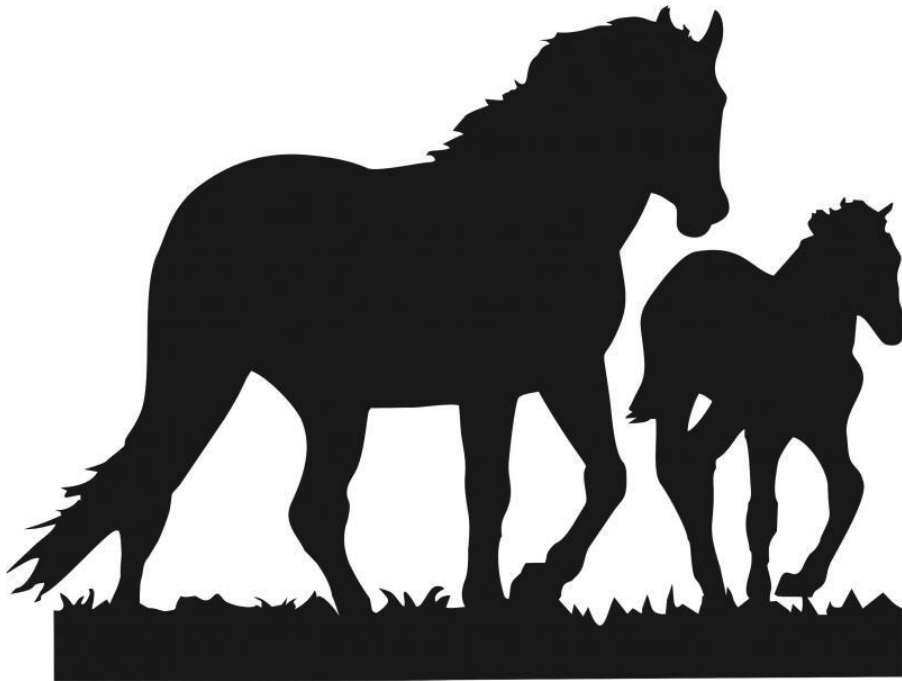


CHENAGO COUNTY



4-H NON-OWNERSHIP
HORSE RECORD BOOK



Name: _____

Age: _____

Club: _____

Leader or parent signature: _____

MEMBER INFORMATION

Member's Name _____

Mailing Address _____

Club Name _____

Leader Name _____

Office Held _____

Age as of January 1st (This Year) _____

Years in 4-H Horse Program _____

Style of riding you do: () Huntseat () Saddleseat () Western () Driving

Activities Participated in ("X")

Horse Bowl []

Hippology []

Horse Judging []

Presentations:

Horse Clinic []

Qualifying Shows []

Club []

County []

County Fair []

Required Meetings []

Other 4-H Activities: _____

EQUINE INFORMATION

If you ride different, horses just pick your favorite one to write about.

Name _____

Breed _____

Equine age _____

Sex _____

Height _____

Weight _____

Owner _____

Where Stabled _____

It is important to know how the owner takes care of the horse you have chosen. Take a few minutes to talk to the owner and fill out this information the best you can.

FEED & STABLE MANAGEMENT

FEED	WINTER Oct. - Feb.	SPRING Mar - May	SHOW SEASON Jun - Sept
Grain: (pounds per day)			
Hay: (amount per day)			
Supplement (Pounds per day)			
Pasture: (hours per day)			
Water: (gallons per day)			

STABLING

Write a brief paragraph describing the stabling facility of the horse you chose, i.e....type of stall, flooring, bedding, exercise area, fencing, feeders, etc.

HEATH RECORD

DENTAL:

How often are teeth examined _____

Name of the dentist _____

VETERANARIAN RECORD:

Name of the Veterinarian _____

Does the horse have a current Coggins _____

DEWORMING PROGRAM:

How often does the horse get dewormed _____

Put an 'X' by some different dewormers (Anthelmintics) the owner uses:

There is a variety of different dewormers on the market. Talk to the owner to learn a little about them.

- | | | | |
|-------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Ivermectin | <input type="checkbox"/> Zimectrin Gold | <input type="checkbox"/> Panacur | <input type="checkbox"/> Equimax |
| <input type="checkbox"/> Safe-guard | <input type="checkbox"/> IverCare | <input type="checkbox"/> Pyrantel paste | <input type="checkbox"/> Moxidectin |
| <input type="checkbox"/> Bimectin | <input type="checkbox"/> Quest | <input type="checkbox"/> Strongid | <input type="checkbox"/> Other |

INOCULATIONS PROGRAM:

How often does the horse get its shots _____

Put an "X" by the shots this horse gets:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Rabies | <input type="checkbox"/> "6 way" VEWT/Flu/Rhino | <input type="checkbox"/> Venezuelan Encephalitis | |
| <input type="checkbox"/> Eastern Encephalitis | <input type="checkbox"/> Western Encephalitis | <input type="checkbox"/> Rhinopneumonitis | |
| <input type="checkbox"/> Infuenza | <input type="checkbox"/> West Nile | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Strep. Equi "strangles" |

