



**4-H Horse and Pony Record  
Grades 6-8, Intermediate**



4-H 901B-W  
Revised 2004

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Record for Year \_\_\_\_\_

Name \_\_\_\_\_ Grade in School \_\_\_\_\_

Address \_\_\_\_\_  
(Street, Rural Route) City State Zip

County \_\_\_\_\_ Club \_\_\_\_\_ Township \_\_\_\_\_

Years in 4-H \_\_\_\_\_ Years in Horse and Pony \_\_\_\_\_  
(including this year) (including this year)

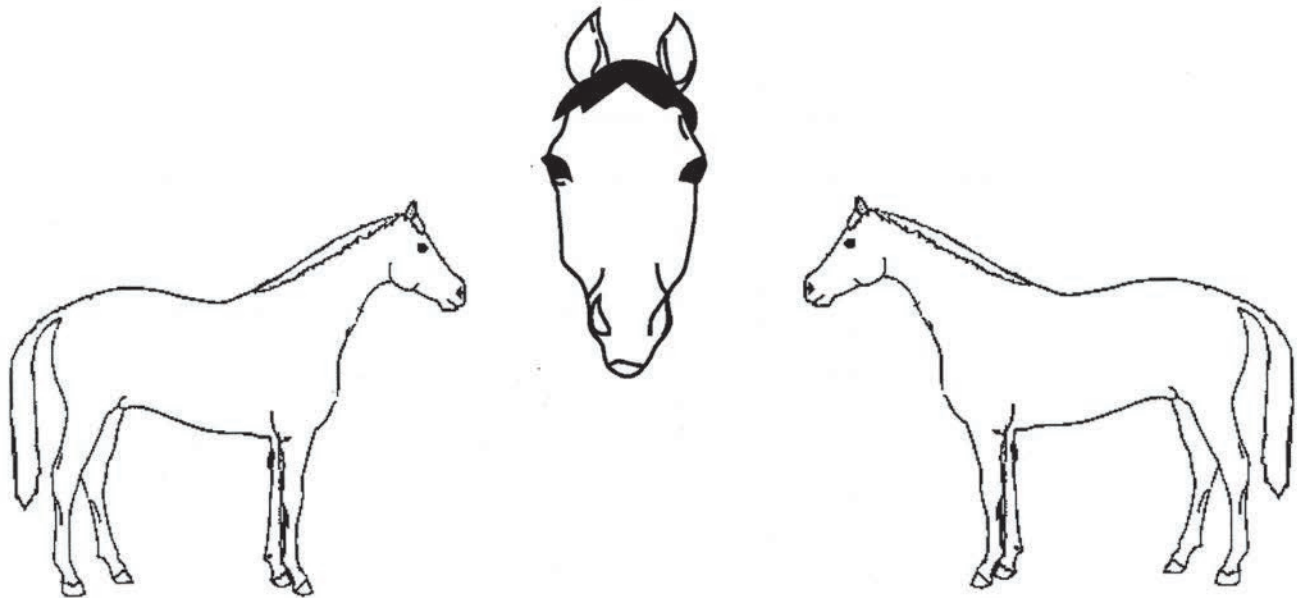
This Record is for:

Name of Animal \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Breed or type \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Markings \_\_\_\_\_

Draw your horse's markings on the diagram or include a picture of your horse.



I have reviewed this record and believe it to be correct.

Signature of Horse and Pony leader \_\_\_\_\_ Date \_\_\_\_\_



**Average daily feed**

<p>A. Total lb. hay (Line 1) (    lb.)</p> <p style="margin-left: 40px;">Days fed hay (    days)</p> <p style="margin-left: 80px;">= _____ avg. lb. hay/day</p> <p>B. Total lb. concentrate (Line 3) (    lb.)</p> <p style="margin-left: 40px;">Days fed concentrate (    days)</p> <p style="margin-left: 80px;">= _____ avg. lb. conc./day</p> <p>C. Total feed/day</p> <p style="margin-left: 20px;">add A+B = _____ lb./day</p>
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**Hoof Care Schedule and Care**

Date	Care provided	Cost

**Activities in which you participated this year with your horse**

Date	Shows, trail rides, etc.	Location	What Learned/Awards

Use the information you recorded in the hay and pasture records to answer the following questions.

1. How much hay did you purchase this year? \_\_\_\_\_
2. What was your total pasture cost? \_\_\_\_\_
3. Explain what you would change about your hay purchasing and pasture utilization for next year. Use additional paper if necessary.

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<b>4-H Horse and Pony Health Record</b>			
<b>Treatment</b>	<b>Dates</b>	<b>Product Used</b>	<b>Veterinarian's Recommendations</b>
Tetanus toxoid			
Eastern and Western Encephalomyelitis			
Influenza			
Rhinopneumonitis			
Potomac Horse Fever			
Strangles			
Internal Parasites (deworming)			
Coggins test			
Other (i.e. Dental Care)			

Attending Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

**The Indiana Veterinary Medical Association (IVMA) Equine Committee Preventative Medicine Program Recommendations:**

*Tetanus Toxoid*: 2 primary injections followed by an annual booster.

*Eastern and Western Encephalomyelitis (Sleeping Sickness)*: 2 primary injections followed by an annual booster.

*Influenza/Rhinopneumonitis (Flu/Rhino)*: 2 primary injections followed by boosters every 90 days and at least 14 days before show or exposure to other horses.

*Deworming*: Consult with a veterinarian about products, frequency and rotation for deworming.

*Potomac Horse Fever*: Semi annual injections - most important in the spring.

*Streptococcus equi (Strangles)*: Discuss possible vaccinations with your veterinarian.

The IVMA encourages all 4-H horse exhibitors to work with their veterinarians to develop specific preventative medicine programs to ensure the health and welfare of their animals. A client-patient-veterinarian relationship can be a special part of the 4-H experience for young animal exhibitors.

In response to requests from many 4-H exhibitors, the IVMA has developed this form to help horse owners better understand their animals' health requirements and document their health care programs.

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