I hereby certify that the horse/pony described on this form has met the above requirements and that the form is complete and accurate.

X ________________________________  __________

4-H member (Signature)                                              (Date )

X  

4-H Parent (Signature)                                              (Date)

Body Condition Score (BCS)

BCS of this horse _______ (1-9 scale; where 1 = extremely thin and 9 = extremely fat)

Body condition scoring resources are located at https://www.extension.purdue.edu/extmedia/AS/AS-552-W.pdf

Recommended Vaccinations/Procedures

Upon consultation with a veterinarian and an evaluation of risk, the following vaccinations/procedures are recommended.

1. West Nile Virus
2. Potomac Horse Fever
3. Strangles
4. Botulism

5. Rotavirus
6. Negative Equine Infectious Anemia (Coggins) Test within 12-months of event.
7. Fecal Egg Count to determine level of parasite infection. This should be used to determine appropriate de-worming protocols.

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