Montgomery County 4-H Horse Record Book

Name
4-H Club
HORSE INFORMATION
Name of Horse
Sex Age Height in Hands
Breed or Type
DESCRIPTION OF FEED AND SUPPLEMENTS
Grain: Whole Oats Crimped Oats Crushed Oats Corn
Barley Commercial Feed (Give analysis or attach a tag from the bag) Other (list)
Hay: Alfalfa Timothy Clover Orchard Grass
Brome Grass Mixed Hay Other (Give Name)
Is your horse out on pasture 100% of the time? Yes No

Feed Record June through Fair

	June	July	August	Total Used	Total Cost
Grain/ Amount				lbs.	
\$ Grain/Month					\$
Bales of Hay/ Month				bales	
\$ Bales of Hay/ Month					\$

Equine Health Record

Deworming History

Product	Date	Cost
		\$
		\$
		\$

Total Deworming Cost \$

Vaccination Record

Disease	Month	Day	Year	Cost
Encephalomyelitis				\$
Influenza				\$
Rhino pneumonitis				\$
Strangles				\$
Rabies				\$
PHF				\$
Tetanus				\$
Other:				\$
TOTAL COST OF VACCINATIONS				\$

Hoof Care Procedures

Date	Procedure	Cost
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL COST FOR HOOF CARE	\$

Other Medical Expenses

Date	Symptoms / Diagnosis / Treatment	Cost
		\$
		\$
		\$
	Total Cost of Medical Misc.	\$

(Add additional sheets, if you need more space.)

Now add everything too A. Feeding Costs	\$		
B. Vaccination Costs	\$		
C. Deworming Costs	\$		
D. Dental Costs	\$		
E. Hoof Care Costs	\$		
F. Medical Care Costs	\$		
	-		
GRAND TOTAL ALL COS	STS (A-	F)	\$

In the space below, please specifically indicate each day, the amount of time and the type of work you did with your project animal. Categories you can use for describing the work include but are not limited to: Grooming, Feeding, Tack Care, General Care, Riding, Training, Meetings, Farm Repair, Cleaning Stalls.

Date	Description	Time Spent

Photographs (Do not attach any additional pages):