

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 together:

- A. Feeding Costs \$ _____
- B. Vaccination Costs \$ _____
- C. Deworming Costs \$ _____
- D. Dental Costs \$ _____
- E. Hoof Care Costs \$ _____
- F. Medical Care Costs \$ _____

GRAND TOTAL -- ALL COSTS (A-F).....\$ _____

Photographs (Do not attach any additional pages):