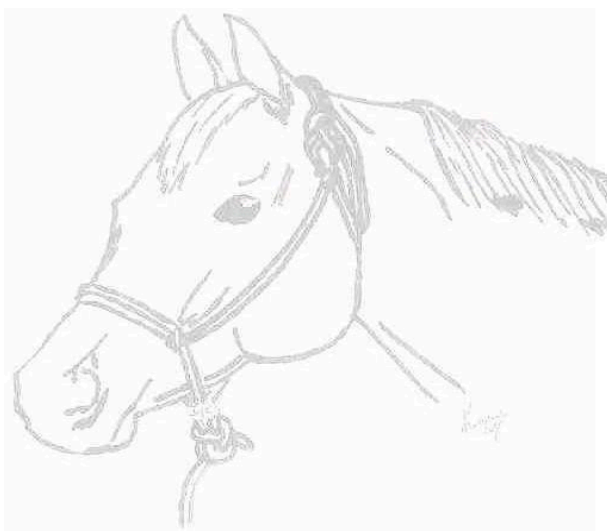


Missaukee Agricultural Youth Show

Senior Record Book



Name: _____ **Age:** _____

Date of Birth: _____ **Years in Horse Project:** _____

4-H Club Name, if in a club: _____

Exhibitor Number: _____

Date Began Record Book: _____ **Date Completed Record Book:** _____

Record keeping is a vital part of an equine project. You should be able to account for all costs associated with their horse/pony project as well as monitor items such as feed utilization/ consumption, animal health and the amount of time spent with the horse/pony project. Project record keeping is designed to give you a well-rounded understanding of their equine project

Description of Primary Project Horse/Pony

**Primary
Project Horse/Pony Photograph**

A photograph of your project animal is **required**.
Photograph should show
entire horse/pony clearly.

Primary Horse/Pony Information:

Registered Name:	Nickname:
Breed:	Registration #:
Color: _____Mare_____Gelding	Year Foaled:
Height:	Weight:
Purchase Date:	or Lease Date:

Describe your horse/pony using proper terminology for **breed, color, sex, markings, etc.:**

Horse/Pony Health

Veterinarian Name:	Phone Number:
---------------------------	----------------------

My Horse's/Pony's Vital Signs:

Temperature:	Respiration:	Pulse:
--------------	--------------	--------

Immunizations:

Please consult your veterinarian for the shots he/she recommends for your horse/pony.

Include a copy of immunization documentation at the end of the record book. *(This can be a receipt of the purchase of the vaccinations, if self-administrated.)*

Date:	Common Name	Vaccine Description	Cost	Administered by:
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self

Coggins Test: *(Attach a copy of your horse's/pony's Coggins test at the end of the record book.)*

Date of Test:	Cost:
---------------	-------

Deworming:

Date:	Product Name/Brand:	Cost:	Type:
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			

Why do you de-worm your horse/pony? _____

How often do you de-worm? _____

Exams, Illnesses and Injuries:

Give information relating to any treatment administered to your horse/pony either by yourself or your veterinarian. Include medicine, amount and frequency.

Date:	Wellness Exam, Illness, Injury description, chiropractic work, etc.	Treatment/Care:	Results

How did you maintain your horse's/pony's health if you did not have any wellness exams, illnesses or injuries?

Dental Care:

Equine Dentist's Name:	Phone Number:
------------------------	---------------

Date:	Describe Procedure Done and Results:	Cost:

Hoof Care:

Farrier's Name:	Phone Number:
-----------------	---------------

Date:	Work Performed:	Cost:
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	

Worksheet-How to calculate Monthly Cost of Feeds

This worksheet provides you with the formula and practice on calculating how much you spend per month on feed. This information is needed to complete page 8. *If you feel comfortable with this calculation, you do not need to complete this page just move on to page 8.*

Grain:

Cost of a bag of grain: \$ _____ ÷ _____ lbs. in the bag = \$ _____ per lbs.

Amount fed: _____ lbs. per day X _____ days (in month) = _____ lbs.

Monthly cost of grain: \$ _____ X
 _____ lbs. = (Monthly cost of grain)
(Cost per lb.) (Total amount fed)

Hay:

Cost of a bale of hay: \$ _____ ÷ _____ lbs. per bale = \$ _____ per lbs.

Amount fed: _____ lbs. per day X _____ days (in month) = _____ lbs.

Monthly cost of hay: \$ _____ X
 _____ lbs. = (Monthly cost of hay)
(Cost per lb.) (Total amount fed)

Supplements:

Cost of the jar of supplements: \$ _____ ÷ _____ oz. in container = \$ _____ per oz.

Amount fed: _____ oz. per day X _____ days (in month) = _____ oz.

Monthly cost of supplements: \$ _____ X
 _____ lbs. = (Monthly cost of supplements)
 = (Cost per oz.)
(Total amount fed)

Pasture:

Pasture costs money! Maintaining pasture requires fertilizer, lime, seed, mowing (hiring someone or buying diesel for the tractor), repairing fence boards, etc. If you'd like to estimate the cost of providing pasture for your horse/pony, take the dollars spent on these items each month and divide by the number of horse(s)/pony(s) that use that pasture.

(Dollars spent)

(Number of horses/ponies)

(Monthly cost of pasture)

Horse/Pony Feeding/Care Record

Feed/Care Cost per Month

Do you board your project horse/pony? Yes No (If boarding, please work with your stable manager to determine these values.)

	Grain	Amount	Cost	Hay	Amount	Cost	Pasture	Cost	Other Bedding	Cost	Monthly Total
<i>Example:</i>	<i>Sweet Feed</i>	<i>60 lbs.</i>	<i>\$12.00</i>	<i>Orchard Grass</i>	<i>20 Bales</i>	<i>\$80.00</i>	<i>Pasture</i>	<i>\$30.00</i>	<i>Biotin</i>	<i>\$7.00</i>	<i>\$129.00</i>
July											
August											
September											
October											
November											
December											
January											
February											
March											
April											
May											
June											
Total Grain Costs:			Total Hay Costs:			Total Pasture Costs:		Total Other Bedding Costs:		Total Costs:	

I did not need to purchase any items or receive any for my horse/pony project this year. Explain:

Choose a few goals for your horse/pony project. Goals should be established at the beginning of your project year. They should be challenging, yet attainable. Goals should include all aspects of your project. At the close of your project, the achievements should be compared with your goals. Write on your own in the space provided. Then, have your leader initial and date the goals you achieve. You should try to complete at least two different goals each year.

Skills I want to learn with my project this year (Goals):	Date Achieved:	Leader's Initial

Educational Experiences

Please list any seminars, clinics, demonstrations, meeting presentations or educational books that you completed this year. (Examples: Showmanship clinic at MSU; Equine Nutrition Speaker at 4-H group meeting; Vet -A-Visit; Communicating with your horse by John Lyons; Learning to groom video) Attach additional page(s) if necessary!

Date: _____ Event/Topic: _____

What I learned: _____

Date: _____ Event/Topic: _____

What I learned: _____

Date: _____ Event/Topic: _____

What I learned: _____

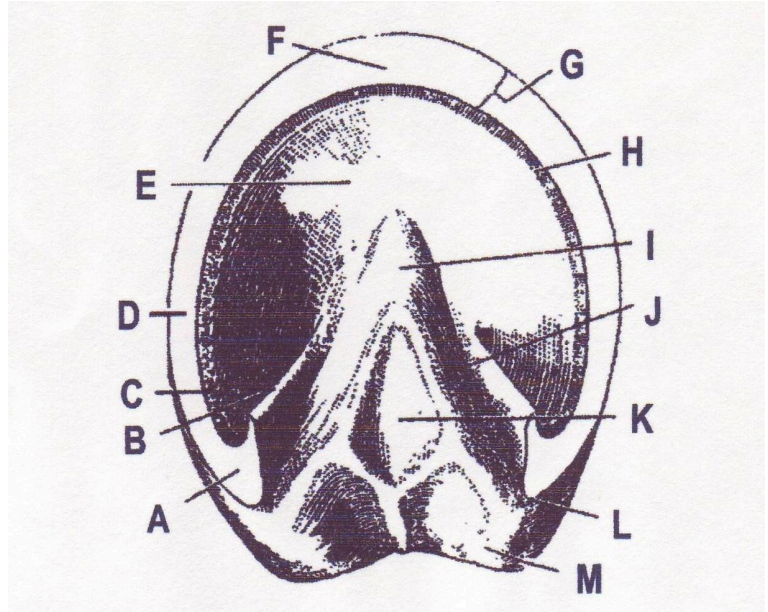
Date: _____ Event/Topic: _____

What I learned: _____

Educational Page

Hoof Anatomy and Terminology

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____
- L. _____



M. _____

Define the following words:

1. Farrier: _____

2. Laminae: _____

3. Thrush: _____

4. Gravel: _____


5. Ringbone: _____

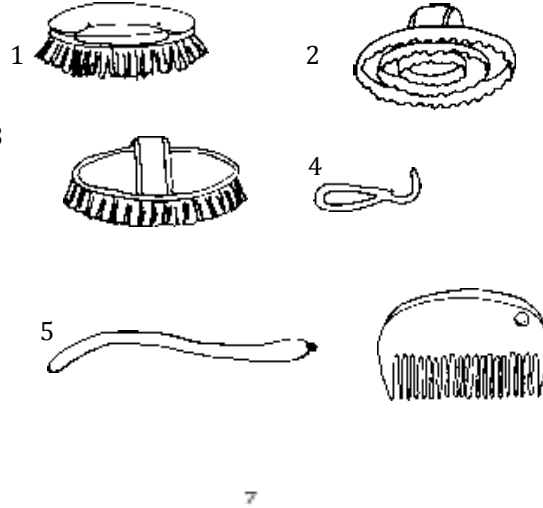
6. Navicular Disease: _____

Educational Page

Grooming Equipment and Practices

Identify the basic pieces of grooming equipment.

1. _____
2. _____
3. _____
4. _____
- 6 _____
5. _____
6.  _____
7. _____



Use the Horses and Horsemanship's chapter on Grooming and Preparation for the Show to answer the following questions.

When grooming your horse what is the proper order the grooming should be done in? Place a number on each line (1 - 5) to put in the correct order.

Grooming the Body ___ Cleaning the Feet ___ Mane and Tail ___ Clipping and Trimming ___ Cooling Out ___

Most good horsemen will use the following pieces of equipment to groom their animals. Tell a little bit about each one.

Brushes: _____

Clippers and/or Scissors: _____

Grooming Cloth: _____

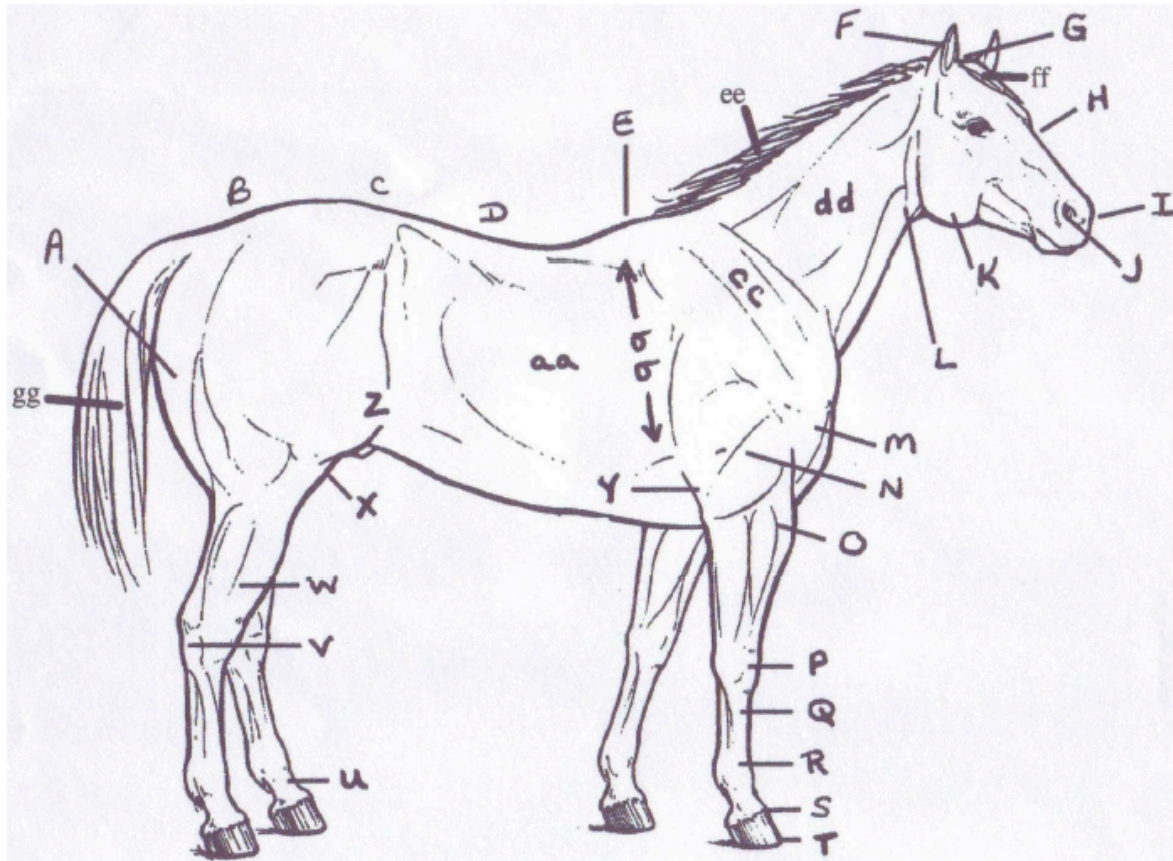
Currycomb: _____

Mane and Tail Comb: _____

Hoof Pick: _____

Parts of the Horse - Educational Page

Label each name with the correct letter
 Novice (11) Intermediate (22) | Senior (all)



_____ A	_____ L	_____ W
_____ B	_____ M	_____ X
_____ C	_____ N	_____ Y
_____ D	_____ O	_____ Z
_____ E	_____ P	_____ aa
_____ F	_____ Q	_____ bb
_____ G	_____ R	_____ cc
_____ H	_____ S	_____ dd
_____ I	_____ T	_____ ee
_____ J	_____ U	_____ ff
_____ K	_____ V	_____ gg