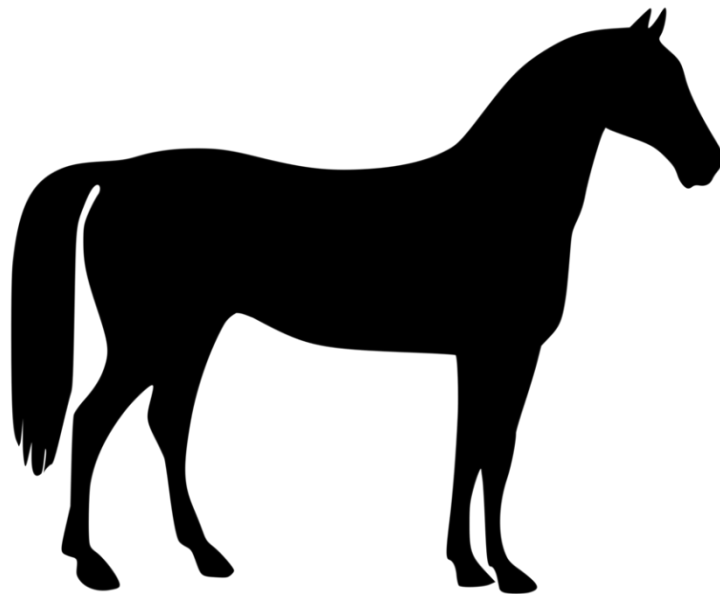


Section 2: Project Record



4-H Horse



Name

Club

Cornell Cooperative Extension | **Dutchess County**

CCEDC is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities. The programs provided by this agency are partially funded by monies received from the County of Dutchess. Please contact the CCEDC office if you have any special needs.



DUTCHESS COUNTY 4-H HORSE PROGRAM

PROJECT OBJECTIVES:

The purpose of the project is to help 4-H Club members to:

1. Gain knowledge and skills pertaining to horses through mounted and unmounted activities.
2. Gain horse ownership knowledge and skills through the routine handling, care and record keeping that comes with owning a horse.
3. Prepare members for citizenship responsibilities and community service.
4. Develop life skills such as leadership, initiative, self-reliance, sportsmanship, decision making, public speaking, and other desirable life traits.

REQUIREMENTS:

1. Be an Independent Member or a member of a 4-H club and attend meetings regularly.
2. Follow the leadership of the project leaders and Extension Staff.
3. Conduct a horse project.
4. Complete a County Level Public Presentation, participate in Community Service, and keep an accurate and up to date record book for each area of participation.



PROJECT HORSE INFORMATION

Horse's Name: _____

Breed: _____

Sire: _____

Dam: _____

Age: _____ **Color** _____

Sex: _____ **Height:** _____

Weight: _____ **Body Condition Score:** _____

Please include a photo of your project horse below and label its' markings

Boarding & Leasing a Horse

Do you own your horse and keep it at home? YES NO

Is your horse: Turned out at pasture most of the time
 Stabled most of the time
 A mixture of both

What type of bedding is used in the stall? _____

How much does bedding cost per bag/bale/other? _____

How many bags/bales/other do you use per week? _____

Cost per bag x # bags per week x 52 = Cost per year? _____

Do you lease a horse? YES NO

If yes, what is the cost of your lease per year? _____

Do you board your horse at a barn? YES NO

If yes, what is the cost of your board per year? _____

Please include a picture/photo of your horse in its' stable or field below

Horse Nutrition

What type of hay do you feed? _____

| Month | # bales of hay fed | Cost of hay per bale | Total Cost for month (# bales x cost per bale) |
|--------------------------------|--------------------|----------------------|---------------------------------------------------|
| October | | | |
| November | | | |
| December | | | |
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| Total hay cost per year | | | |

What type of feed supplements you feed?

| Supplement name | Reason for feeding – what does it do? | Amount fed/day | Cost per month |
|-------------------------------------------|---------------------------------------|----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total cost of supplements per year | | | |

What type(s) of grain do your feed? _____

Include cost of each type of grain on separate lines if 2 or more types are fed

| Month | Cost of grain/bag | Cost of grain/lb. | # pounds fed per month | Total Cost for month (# lbs. x cost per lb.) |
|----------------------------------|--------------------------|--------------------------|-------------------------------|-----------------------------------------------------|
| October | | | | |
| November | | | | |
| December | | | | |
| January | | | | |
| February | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| August | | | | |
| September | | | | |
| Total grain cost per year | | | | |

Health Care

Veterinarian Name: _____

Veterinarian Phone #: _____

Complete this table. If your horse does not get certain vaccinations, put an X in that box

| Vaccines/Medications | Date | Date | Cost |
|---------------------------------------------|------|------|------|
| Rabies | | | |
| Coggins | | | |
| Tetanus | | | |
| Influenza | | | |
| Rhinopneumonitis | | | |
| Potomac Horse Fever | | | |
| West Nile | | | |
| Lyme | | | |
| EPM | | | |
| EEE/WEE | | | |
| Strangles | | | |
| Dentist/Teeth Floating | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Total health care costs for the year | | | |

Does your horse have health issues that require daily medication? YES NO

If Yes, give details here and list the cost of medication in above chart under "other"

Did your horse have health problems or injuries this year that required veterinarian care?

YES

NO

If yes, give details of the problem(s), treatment(s), and outcomes here and list the cost of care in above chart under "other".

Deworming Program

Do you do a fecal egg count at least once per year for your horse? YES NO

If yes, what was the result of the last test? _____

| Name of product used | Active ingredient(s) | Type of parasite(s) it kills | Cost per dose | # doses per year | Cost (cost/dose x # doses) |
|-----------------------------------------|----------------------|------------------------------|---------------|------------------|----------------------------|
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| | | | | | |
| | | | | | |
| Total cost of dewormers per year | | | | | |

Hoof Care

Farrier Name: _____

Farrier Phone #: _____

Is your horse shod? YES NO

If yes, describe the type of shoes he wears. If no, explain the pros and cons of going barefoot

| Date of farrier visit | Describe what is done (e.g., trim, new shoes, resets, corrective work) | Cost |
|------------------------------------|------------------------------------------------------------------------|------|
| | | |
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| | | |
| | | |
| Total farrier cost for year | | |

Horse Shows, Events, and Other Activities

In the table below record all horse-related activities (not including regular meetings) that you take part in during the year. These might include horse shows, trips, and clinics.

| Date | Describe Event - where and what occurred, successes and what you learned | Cost |
|------------------------------|--------------------------------------------------------------------------|------|
| | | |
| | | |
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| | | |
| Total cost of event for year | | |

Add extra pages with photos of you and your horse at shows and other events with your friends and club members.

TOTAL EXPENSES FOR THE YEAR

From the tables above, take the total costs for each type of expense and copy it into the table below. Add them up to get a grand total of the expenses associated with your project this year.

| Expenses | Total Yearly Cost |
|--------------------------------|-------------------|
| Lease per year if applicable | |
| Board per year if applicable | |
| Bedding per year if applicable | |
| Tack & Supplies | |
| Hay | |
| Supplements | |
| Grain | |
| Healthcare | |
| Deworming | |
| Farrier | |
| Other | |
| Grand Total | |

YEAR IN REVIEW

Specific to your project, answer the following questions. Please add drawings, pictures, diagrams, or newspaper clippings.

What were your goal(s) for this year?

Did you achieve them? Explain why or why not.

What was your greatest accomplishment this year?

What do you want to work on or learn about next year?

YEAR IN REVIEW continued

Use this space to add additional feedback on your project this year.

Summary of Club Meetings attended in the current 4-H Year

This record is of business meetings and educational activities done as a club. It does not include special events such as countywide events, field trips, shows, the fair, etc.

Club Name:

Club Leader(s)

| Club meetings attended this year | # Meetings held by Club | # Meetings you attended | % Meetings you attended | # Hours you attended |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <p>A minimum of 6 meetings per year is required by all clubs. What percentage attendance is required by your club? <input data-bbox="407 1648 555 1747" type="text"/> %</p> | <input data-bbox="709 1562 829 1707" type="text"/> | <input data-bbox="919 1562 1039 1707" type="text"/> | <input data-bbox="1118 1562 1239 1707" type="text"/> | <input data-bbox="1289 1562 1409 1707" type="text"/> |

Summary and Declaration

Those youth completing all 4-H expectations will be deemed as being in “GOOD STANDING” for the current 4-H year. This is an accomplishment to be proud of and will be rewarded with a Certificate and 4-H Achievement Pin.

Complete the table below to be eligible for this award by checking the box to certify you fulfilled each expectation.

| 4-H Expectations to complete the 4-H Year in GOOD STANDING | State YES if you completed this |
|-------------------------------------------------------------------------|---------------------------------|
| Enrolled in 4-H by May 31 of the current 4-H year | |
| Always abided by the 4-H Code of Conduct | |
| Attended at least the minimum number of meetings required by my club(s) | |
| Met all 4-H and Club deadlines on time | |
| Completed a County-level Public Presentation | |
| Submitted MY 4-H Story in the correct format on time | |
| Submitted my completed Project Record Book on time | |

I hereby declare that this 4-H Record Book, which contains:

- Section 1: My Personal Development Record
- Section 2: My Project(s) Record(s)

This is a true record of my activities/accomplishments from the current 4-H year. I confirm that, so far as is reasonably possible given my age and abilities, it is my own work.

Signed by 4-H'er:

Signed by Club Leader: