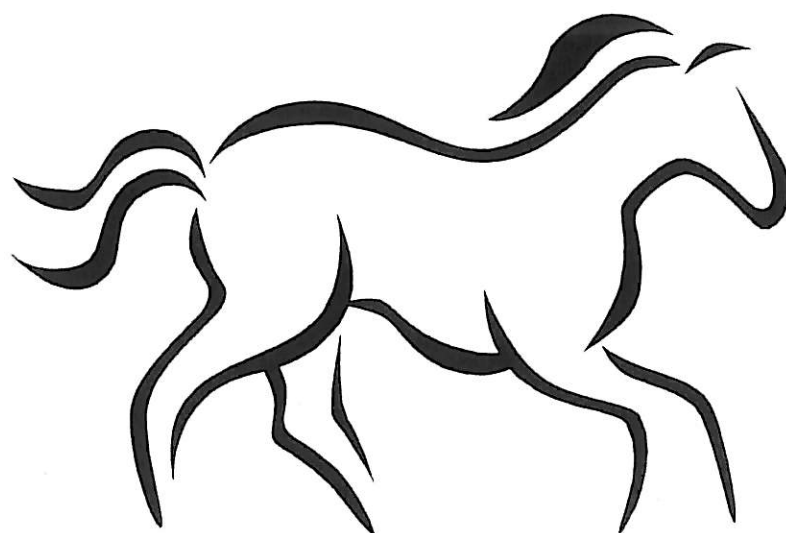
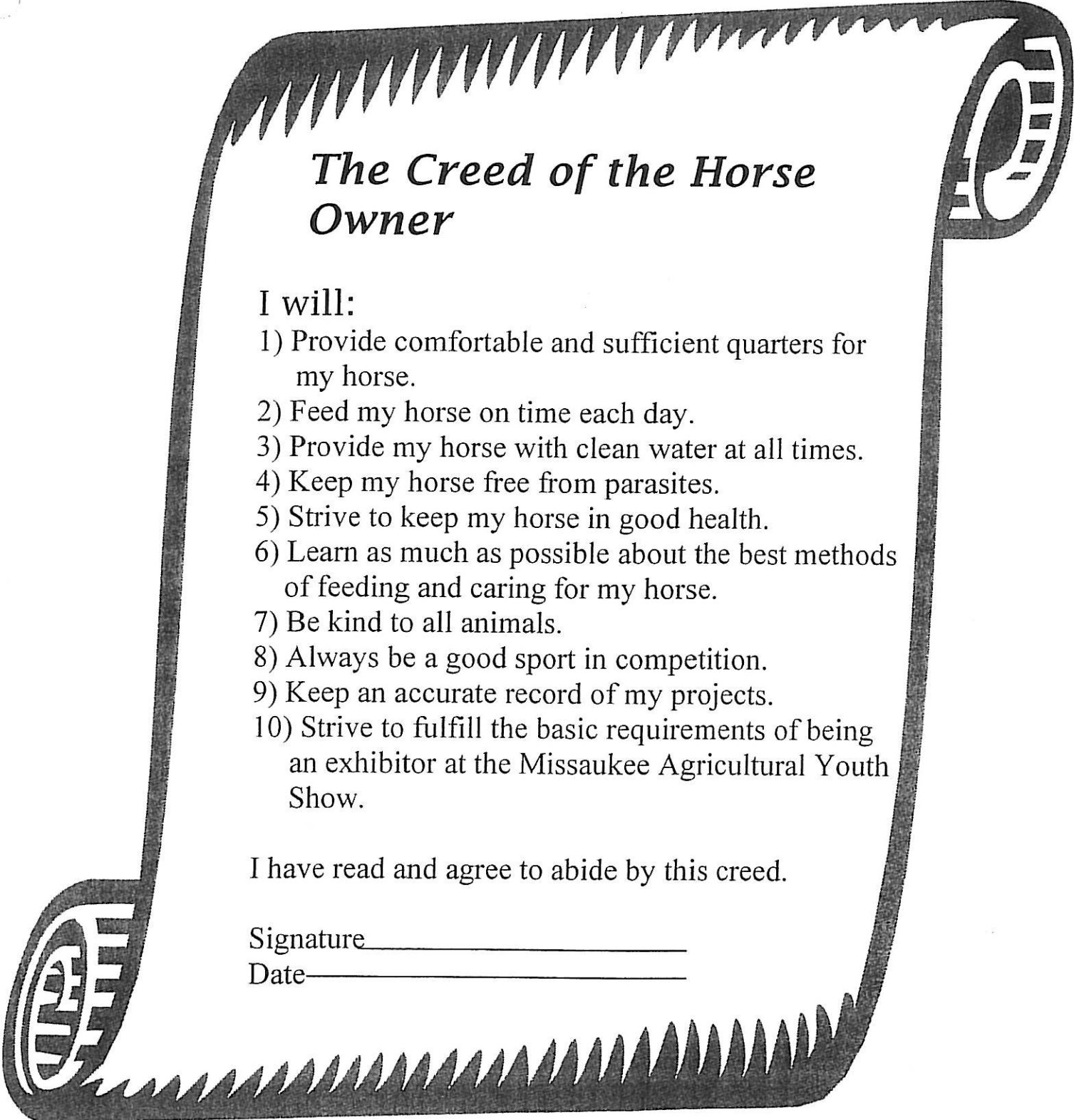


*Missaukee Agricultural Youth Show
Horse Record Book*



Begin Date: _____

End Date: _____



The Creed of the Horse Owner

I will:

- 1) Provide comfortable and sufficient quarters for my horse.
- 2) Feed my horse on time each day.
- 3) Provide my horse with clean water at all times.
- 4) Keep my horse free from parasites.
- 5) Strive to keep my horse in good health.
- 6) Learn as much as possible about the best methods of feeding and caring for my horse.
- 7) Be kind to all animals.
- 8) Always be a good sport in competition.
- 9) Keep an accurate record of my projects.
- 10) Strive to fulfill the basic requirements of being an exhibitor at the Missaukee Agricultural Youth Show.

I have read and agree to abide by this creed.

Signature _____

Date _____

YOUR NAME: _____ 4H AGE: _____
ADDRESS: _____
CITY: _____ ZIP: _____
BIRTHDATE: _____ GRADE IN SCHOOL: _____

PARENT/GUARDIAN NAME: _____
4H CLUB NAME: _____
CLUB LEADER: _____

HOW MANY YEARS HAVE YOU BEEN IN THIS COUNTY'S HORSE PROGRAM? _____

HORSE'S NAME: _____ AGE: _____

BREED/TYPE: _____ REGISTERED: YES / NO

COLOR: _____

WHITE MARKINGS: _____

BRANDS/SCARS/TATTOOS: _____

BLEMISHES/UN SOUNDNES: _____

HEIGHT: _____ WEIGHT: _____

HOW LONG HAVE YOU OWNED THIS HORSE? _____ YEARS

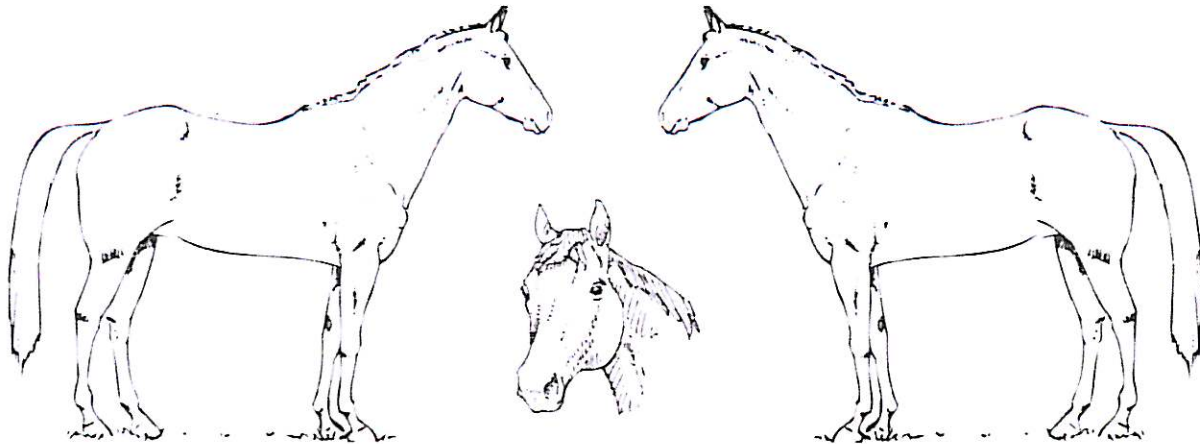
PICTURE OF YOU AND YOUR HORSE

Missaukee	Agricultural	Youth	Show	INDIVIDUAL HORSE RECORD
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Complete one record for each project animal per year.

Name of Horse:		Date Born:	Age:
Breed:		Reg. No (if any):	
Identification:	Height	Weight	Sex:
Color:		Markings:	

Draw in any identifying markings.



Disposal Date:

Reason or Sold To:

HEALTH RECORD: Record all medicinal care administered by you or your veterinarian (immunizations, dewormings, drugs, surgery, breeding record, etc.).

Date	Type and amount	Date	Type and amount
	Tetanus		
	Influenza		
	Encephalomyelitis		
	Distemper		

HOOF CARE RECORD: Record shoeing's, trimmings, and any additional hoof care received.

Do you own your horse(s)? _____ If not, what type of arrangement do you have with the owner? _____

What kind of housing is provided for your horse(s)? _____

Who helps and advises you with caring for your horse(s)? _____

What kind of training does your horse have? _____

What training do you plan to give your horse this year? _____

Feed Record

Hay

What type of hay do you feed? _____

How many pounds do you feed each day? _____ Average cost per day \$ _____

Grain

Do you feed your horse(s) grain? _____

Ingredients _____

How many pounds do you feed each day? _____ Average cost per day \$ _____

Supplements

Do you feed your horse(s) supplements? _____

What type of supplements do you feed? _____

How much do you feed each day? _____

Average cost per day \$ _____

Shoeing

Date	Work Done	Cost

Total Cost \$ _____

Tack and Grooming Equipment

Check the equipment you had at the beginning of the year and write in new items purchased during the year.

Item	Had	Quantity	Item Purchased	Cost
Halter(s)				
Lead Rope(s)				
Hoof Pick				
Brushes				
Curry Combs				
Comb				
Clippers				
Sweat Scraper				
Buckets				
Feed Tubs				
Fly Spray				
Western Saddle(s)				
English Saddle(s)				
Western Bridle(s)				
English Bridle(s)				
Harness/Cart				
Other:				

- | | | | |
|---|--|----|--|
| 1. Total cost of new tack & equipment..... | | \$ | |
| 2. Estimated value of current tack & equipment... | | \$ | |
| Total Value (add lines 1 & 2)..... | | \$ | |

Clothing Expense

Check the clothing you had at the beginning of the year and write in new items purchased or made during the year.

Item	Had	Quantity	Item made/purchased	Cost
English Shirt				
Western Shirt				
Bowtie				
Pin				
Jacket				
Vest				
Riding Pants				
Show Pants				
Chaps				
English Boots				
Western Boots				
Belt				
Hat				
Helmet				
Other				

- | | | |
|---|----|--|
| 1. Total cost of new clothing..... | \$ | |
| 2. Estimated value of current clothing..... | \$ | |
| Total Value (add lines 1 & 2)..... | \$ | |

Clinics

List any clinics you attended in the past year.

<u>Date</u>	<u>Clinic</u>	<u>Fee</u>
		\$
		\$
		\$
		\$
		\$
		\$
<u>Total Cost of Clinics</u>		\$

MY EXHIBIT RECORD

If you have more than one project horse, please indicate which horse was exhibited in each discipline (riding style), by putting the number of the horse in the box.

Horse 1 is _____ Horse 2 is _____

Disciplines (Riding Styles)

Shows	Showman-ship	Hunt	Western	Saddle-seat	Trail	Speed	Jumping	Challenge Course	Dressage
Fun Show									
Open Speed									
Open Show									
Fair-Premium									
Fair-Western									
Fair-English									
Family Speed									
State Gymkhana									
State Expo									

My most successful style of riding this year was _____

because _____

I am most proud of _____

My biggest challenge was _____

I hope to improve _____

KNOWLEDGE

Common Equine Diseases:

Please pick the correct answer from the word bank listed below.

- _____ Fever, impaired vision, irregular gait, incoordination, yawning, grinding of teeth, drowsiness, inability to swallow, inability to rise when down, paralysis and death.
- _____ Follows infection of deep puncture wound. First symptom is stiffness and third eyelid may draw over one eye when excited. Spasms occur after 24 hours, reflexes increased animal frightened or excited. Spasms of neck and back muscles cause extension of the head and neck.
- _____ Fever, nasal discharge, rapid breathing, cough and loss of appetite.
- _____ Incoordination, usually first noted in the hind legs.
- _____ High temperature, increased respiration, depression, nasal discharge after 2nd or 3rd day, swelling of lymph nodes which usually abscess.

WORD BANK:

Equine Encephalitis (sleeping sickness)/Strangles/Tetanus/Laminitis (fonder)/Equine influenza/C.O.P.D. (heaves)/Equine Protozoal (EPM)

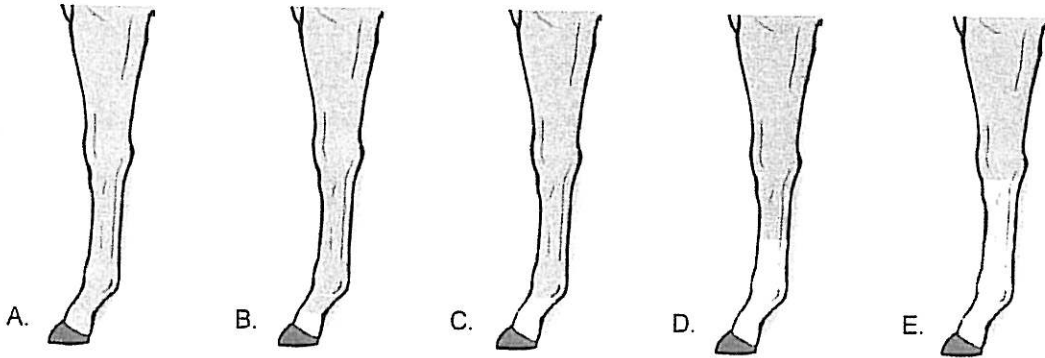
Type of Colic:

- _____ Is caused by large quantities of gas and fluid produced by the bacteria in the digestive tract.
- _____ Caused by blockage of the intestinal tract with foodstuffs or foreign materials such as sand, intestinal stones, rubber and nylon cords from tire feeders or rubber fencing.
- _____ When a section of the intestine becomes twisted or caught in an abnormal position from an unknown cause.
- _____ Muscular spasms of the intestinal tract. A milder and more common type of colic often associated with over excitement or sudden diet changes.

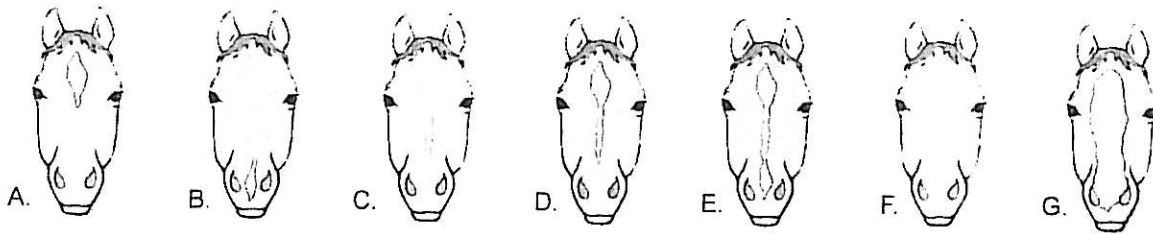
WORK BANK:

Spasmodic colic/Impaction colic/Incarceration colic/Displacement colic/ Excessive fermentation (gas colic)

Identify face and leg markings from the diagrams below.

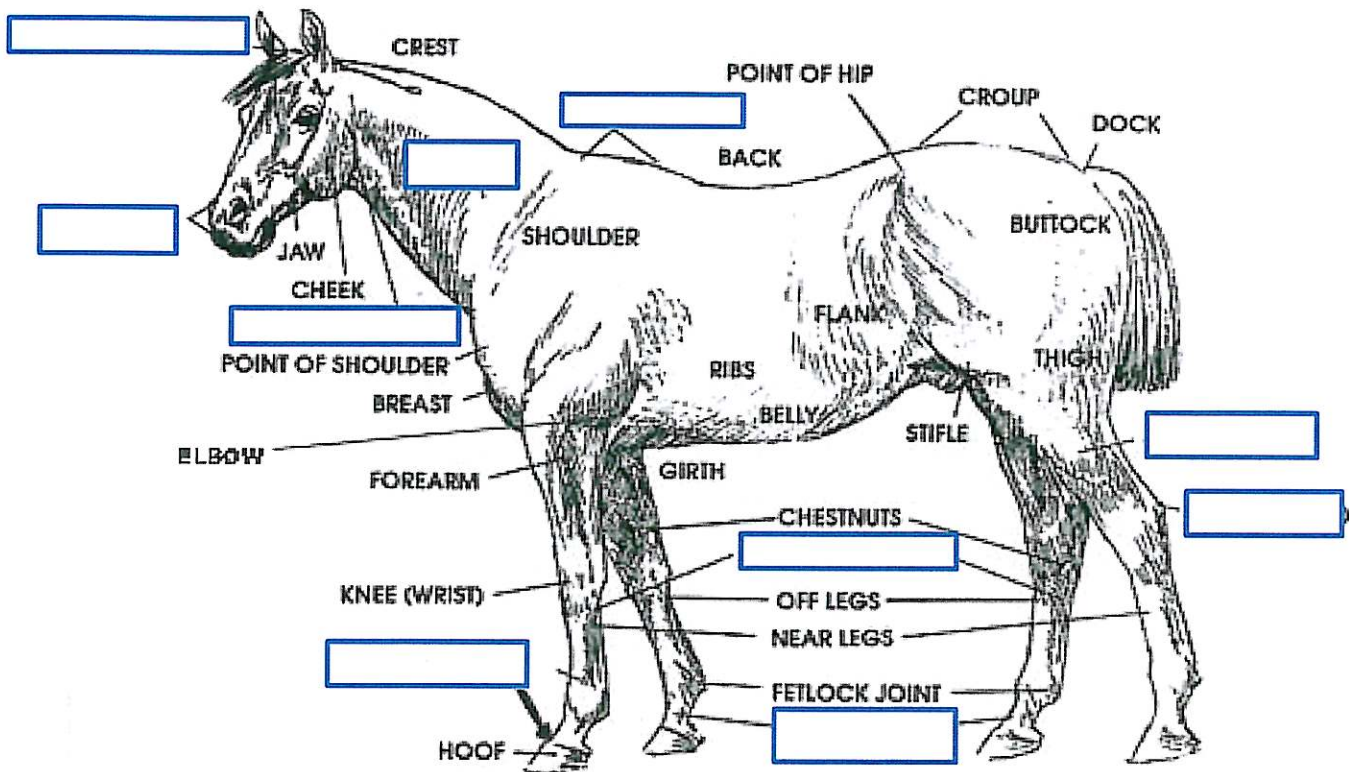
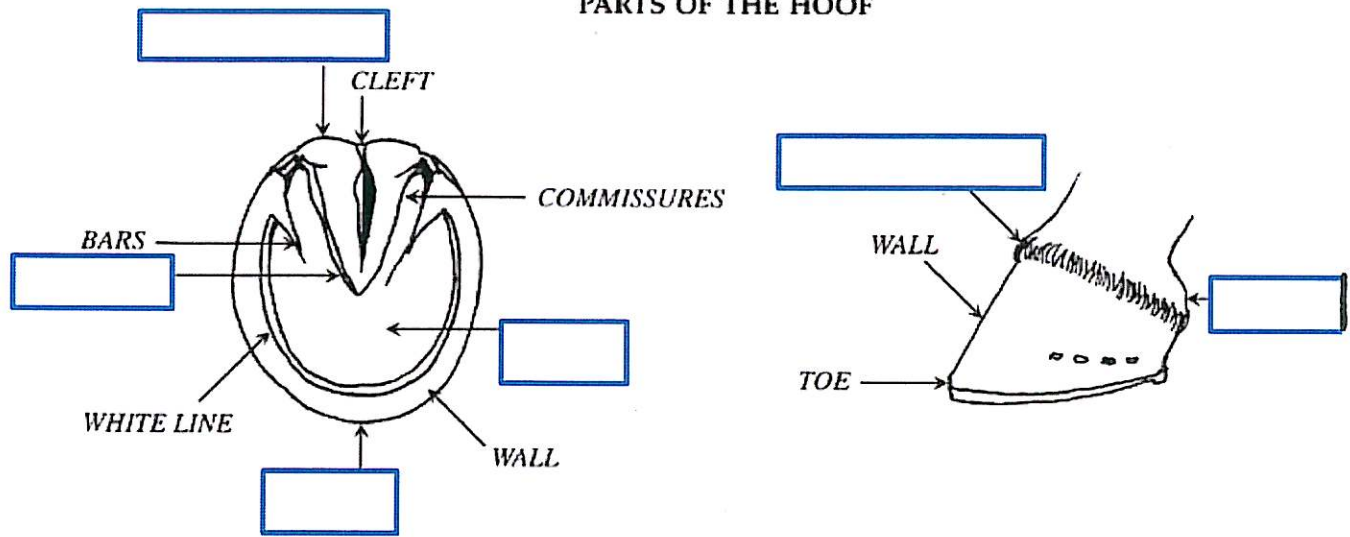


- A. _____
- B. _____
- C. _____
- D. _____
- E. _____



- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

PARTS OF THE HOOF



Expenses-Summary of Project

Total cost of feeds and health care.....	\$ _____
Total cost of trimming and shoeing.....	\$ _____
Total value of clothing.....	\$ _____
Total cost of clinics.....	\$ _____
Total cost of entry and stall fees.....	\$ _____
Total Expenses for Project.....	\$ _____

(To be signed at the end of the year)

This is a complete and accurate record of my work in this project:

Signature

Parent's Signatures _____

Comments: _____

