DESCRIPTION OF PROJECT HORSE/PONY

HORSE PHOTO
IS REQUIRED

HORSE INFORMATION:

NAME OF HORSE

BREED REGISTRATION # NOT REG.
COLOR MARE GELDING AGE OF HORSE
HORSE/PONY HEIGHT HORSE/PONY WEIGHT
HOW LONG HAVE YOU OWNED YOUR HORSE/PONY OR LEASED
DESCRIBE YOUR HORSE USING PROPER TERMINOLOGY FOR BREED, COLOR, SEX, MARKINGS, ETC.

___________________________________________________________________
___________________________________________________________________
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Revised Jan. 2013
HORSE’S/PONY’S HEALTH

VETERINARIAN’S NAME____________________________ PHONE__________

VITAL SIGNS (have someone help you take your horse’s vital signs.)

HORSE’S TEMPERATURE IS:_______ RESPIRATION IS:_______ PULSE IS:_______

IMMUNIZATIONS ARE REQUIRED TO PARTICIPATE IN THE BARRY COUNTY FAIR (ask your leader for required shots). YOU MAY CONSULT YOUR VETERINARIAN FOR SHOTS HE/SHE RECOMMENDS FOR YOUR HORSE. PLEASE INCLUDE A COPY OF SHOT DOCUMENTATION AT THE END OF YOUR BOOK.

IMMUNIZATIONS

WHAT DOES “IMMUNIZATION” MEAN? ________________________________

_____________________________________________________________________

WHY DO YOU IMMUNIZE YOUR HORSE/PONY AND ON WHAT DATES

_____________________________________________________________________

_____________________________________________________________________

DEWORMING

WHY DO YOU DEWORM YOUR HORSE/PONY?

_____________________________________________________________________

_____________________________________________________________________

HOW OFTEN DO YOU GIVE YOUR HORSE/PONY MEDICATION TO KILL PARASITES (worms)? ________________________________
WHEN DO YOU GIVE YOUR SHOTS AND WHY:

___________________________________________________________________________

EXAMS, ILLNESSES AND INJURIES

DID YOUR HORSE/PONY GET HURT OR SICK THIS YEAR? IF SO, TELL US ABOUT IT. IF NOT, HOW DID YOU KEEP YOUR HORSE/PONY HEALTHY?

___________________________________________________________________________

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FEEDING AND BEDDING

TELL US ABOUT WHERE YOUR HORSE/PONY LIVES. ________________________________
DOES YOUR HORSE/PONEY HAVE A BARN OR SHELTER TO STAY IN? CAN YOU DESCRIBE IT? WHAT KIND OF BEDDING DO YOU USE?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

DO YOU FEED YOUR HORSE/PONEY HAY OR GRAIN? CAN YOU TELL US ABOUT IT?

___________________________________________________________________

___________________________________________________________________

BIT - WHAT KIND OF BIT DO YOU USE? PLEASE DESCRIBE IT.

___________________________________________________________________

___________________________________________________________________

DOES YOUR HORSE/PONEY NEED MEDICINE OR SPECIAL SUPPLEMENTS? IF SO, WHAT ARE THEY?

___________________________________________________________________

DOES YOUR HORSE/PONEY GET TREATS OR A SALT BLOCK? IF SO, TELL US ABOUT THEM.

___________________________________________________________________

LIST 2 SAFETY RULES:

___________________________________________________________________

___________________________________________________________________

Revised Jan. 2013
# TIME SPENT WITH YOUR HORSE/PONY - WEEKLY

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Revised Jan. 2013
MY STORY:

MY HORSE: