OSCEOLA COUNTY 4-H

HORSE RECORD BOOK

BEG. DATE:_________ END. DATE:_________

MEMBER’S NAME:_______________________

MEMBER’S 4H AGE:____________

LEVEL:_________________________

LEADER SIGNATURE:____________________
JUDGING GUIDELINES FOR THE OSCEOLA COUNTY HORSE RECORD BOOK

This record book should be started at the beginning of the project year on October 1 of each year.

Books may be handwritten or typed. Pen or pencil is acceptable, but should be consistent. If a parent does the writing for a younger child, it should be noted as such.

All sections of the record book should include some information or an explanation of why that section was left blank.

Neatness, according to age, should be a consideration in judging.

When the leader signs this book, he/she should pay close attention to the vices, feeding habits, and medical care schedules, etc., so as to be able to suggest improvement in these areas if needed.

This record book should not be graded using the judge’s preference of worming schedules, number and type of immunizations, etc.

Judges are asked to determine an A (Blue ribbon), B (Red ribbon), or C (White ribbon), or “no award” for each record book. Then each age group (6-9, 10-14, 15-19) should be ranked 1st through 6th.

Judges are also asked to provide comments, both favorable and suggestions for improvement, on this page.
YOUR NAME: ____________________________________  4H AGE: ______
ADDRESS: ___________________________________________
    CITY: ___________________ ZIP ___________
BIRTHDATE: ________________   GRADE IN SCHOOL: ______

PARENT/GUARDIAN NAME: ______________________________________
SIGNATURE: __________________________________________________________________________
4H CLUB NAME: ____________________________________________
CLUB LEADER: ____________________________________________

HOW MANY YEARS HAVE YOU BEEN IN THIS COUNTY’S HORSE PROGRAM? _______

HORSE’S NAME: ____________________________________  AGE _______  SEX: _______
BREED/TYPE: ___________________________  REGISTERED: YES_____  NO_____ 
COLOR: ___________________________  WHITE MARKINGS____________________
BRANDS/SCARS/TATTOOS: ______________________________________________________________
BLEMISHES/UNSoundNESS: ______________________________________________________________

HEIGHT: ________  WEIGHT__________

HOW LONG HAVE YOU OWED THIS HORSE? ________years

DO YOU OR YOUR FAMILY OWN ANY OTHER HORSES?  YES____ NO_____ 
IF SO, HOW MANY?_________

DOES YOUR HORSE HAVE ANY OF THE FOLLOWING VICES (BAD HABITS): 
(please check)
BITING:_____  BARN/BUDDY SOUR:_____ 
KICKING:_____  STALL WEAVING:_____ 
CRIBBING:_____  AGGRESSIVENESS:_____ 
BUCKING:_____  REARING:_____ 
BOLTING:_____  OTHER_____________________________ (explain)

IS YOUR HORSE KEPT AT YOUR HOUSE?  YES____ NO_____ 

IS YOUR HORSE KEPT IN A STALL?  ALWAYS____ SOMETIMEs_____ NEVER_____ 

IS YOUR HORSE KEPT IN A Paddock?  ALWAYS____ SOMETIMEs_____ NEVER_____ 

IS YOUR HORSE KEPT IN A PASTURE?  ALWAYS____ SOMETIMEs_____ NEVER_____ 

DO YOU FEED YOUR HORSE GRAIN?  ALWAYS____ SOMETIMEs_____ NEVER_____ 

IF SO, DO YOU ADD ANY VITAMINS/SUPPLEMENTS?  ALWAYS____ SOMETIMEs_____ NEVER_____ 

DOES YOUR HORSE HAVE FREE ACCESS TO A SALT/MINERAL BLOCK?  YES____ NO_____
DOES YOUR HORSE HAVE FREE ACCESS TO WATER? YES_____ NO____

IF NO, THEN HOW OFTEN DO YOU WATER YOUR HORSE? _________________

HOW OFTEN DO YOU CLEAN YOUR HORSE’S WATER TANK/Bucket? _________

PUT A CHECK MARK BY ANY OF THE FOLLOWING ACTIVITIES THAT YOU HAVE PARTICIPATED IN WITH YOUR HORSE DURING THIS PROJECT YEAR.

- SHOWING/POINT SHOWS:_____ PARADES:_____
- SPEED EVENTS:_____ ROPING:_____
- TRAIL RIDING:_____ CAMPING:_____
- EAM PENNING:_____ LESSONS:_____
- ENDURANCE:_____ REINING:_____
- CUTTING:_____ FAIRS:_____
- CLINICS:_____ OTHER:_____

DO YOU WORM YOUR HORSE? YES_____ NO____

IF YES, PLEASE INDICATE HOW OFTEN ON THE CHART BELOW:

<table>
<thead>
<tr>
<th>MONTH WORMED:</th>
<th>1ˢᵗ SERIES</th>
<th>2ⁿᵈ SERIES</th>
<th>3ʳᵈ SERIES</th>
<th>4ᵗʰ SERIES</th>
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<tbody>
<tr>
<td>LG. STRONGYLES</td>
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<td>SM. STRONGYLES</td>
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<td>PINWORMS</td>
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<td>HAIRWORMS</td>
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<td>STOMACH WORMS</td>
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<td>ASCARIDS</td>
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<td>THREADWORMS</td>
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<tr>
<td>ROUND WORMS</td>
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<tr>
<td>BOTS</td>
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(Please check the types of parasites controlled by the wormer you used for each series)

(Worming schedules vary according to the horse’s environment. Check with your vet.)

PLEASE INDICATE THE DATES WHEN YOUR HORSE RECEIVED HOOF CARE.
(It is recommended that at horse’s hooves are trimmed every 6-8 weeks.)

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<th>DATE:</th>
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<td>TRIM</td>
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<tr>
<td>FRT. SHOES</td>
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<td>REAR SHOES</td>
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<tr>
<td>CORRECTIVE</td>
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(Please check the types of hoof care your horse has received.)

HAVE YOUR HORSE’S TEETH BEEN CHECKED BY A VET. OR DENTIST? YES_____ NO____

(It is recommended that a horse’s teeth be checked once a year.)

IF YES, PLEASE INDICATE THE DATE:_______________
HAS YOUR HORSE BEEN VACCINATED FOR ANY OF THE FOLLOWING?

<table>
<thead>
<tr>
<th></th>
<th>1ST SERIES</th>
<th>2ND SERIES</th>
<th>3RD SERIES</th>
<th>4TH SERIES</th>
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<tbody>
<tr>
<td>DATE:</td>
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<tr>
<td>TETANUS</td>
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<tr>
<td>EAST/WEST ENCEPH.</td>
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<td>VENZ. ENCEPH.</td>
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<td>FLU A1</td>
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<td>FLU A2</td>
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<tr>
<td>RHINO EHV1</td>
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<tr>
<td>RHINO EHV4</td>
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<tr>
<td>STRANGLES</td>
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<tr>
<td>POTOMAC FEVER</td>
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<tr>
<td>RABIES</td>
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<td>OTHER</td>
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DATE OF “NEGATIVE” COGGINS TEST:__________

HAS YOUR HORSE REQUIRED ANY VETERINARY TREATMENT?  YES_____  NO_____  

IF YES, PLEASE INDICATED THE DATE OF THE INJURY OR ILLNESS AND THE TYPE OF TREATMENT RECEIVED.

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<tr>
<th>DATE</th>
<th>INJ./ILLNESS</th>
<th>TREATMENT</th>
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LIST TWO BREED REGISTRIES:  
1) ____________________  2) ____________________

LIST TWO FACIAL MARKINGS:  
1) ____________________  2) ____________________

LIST TWO COLOR REGISTRIES:  
1) ____________________  2) ____________________

LIST TWO LEG MARKINGS:  
1) ____________________  2) ____________________
WHAT WAS YOUR FAVORITE THING THAT YOU DID WITH YOUR HORSE THIS PROJECT YEAR?

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IF YOU AND YOUR HORSE COULD SPEND ONE DAY DOING ANYTHING YOU WANTED TO, WHAT WOULD THAT BE AND WHY?

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EXPLAIN WHO HAD THE GREATEST INFLUENCE ON YOU AND/OR YOUR HORSE THIS PROJECT YEAR AND WHY:

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PLEASE ATTACH A PICTURE OF YOUR HORSE HERE:
ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED FOR LEVELS 3 THRU 5 AND ARE OPTIONAL FOR LEVELS 1 AND 2.

DESCRIBE WHAT YOU WOULD/WOULDN'T DO (STEP BY STEP), FROM THE TIME YOU ENTER THE GATE FOR YOUR FAVORITE CLASS, UNTIL THE TIME THE CLASS IS PLACED: (i.e. Showmanship, Western/English Equitation, 4-H Pattern, Trail)

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HOW WOULD YOU PLACE YOURSELF IN THIS CLASS? _____________

IF ANOTHER 4-H MEMBER ASKED FOR YOUR ADVICE WITH THE FOLLOWING PROMBLEM, HOW WOULD YOU RESPOND?
--DURING SHOWMANSHIP CLASS THEIR HORSE REFUSES TO PIVOT CORRECTLY.

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IF YOU COULD MAKE A CHANGE IN THE OSCEOLA COUNTY 4-H HORSE PROGRAM, WHAT WOULD IT BE?

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THIS PAGE WILL BE KEPT BY THE 4-H OFFICE, AND YOUR SUGGESTIONS WILL BE PRESENTED TO THE OSCEOLA CO 4-H HORSE DEVELOPMENTAL COMMITTEE IF YOU WISH TO BE CONTACTED BY THE 4-H OFFICE ABOUT THE CHANGES YOU SUGGESTED, PLEASE SIGN HERE: ________________________________