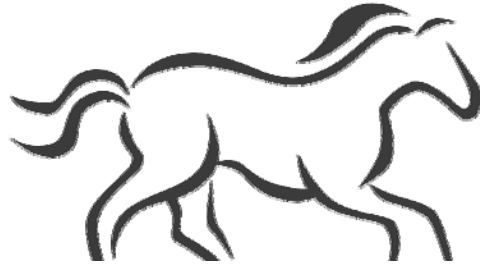


Year: _____

Yates County 4-H Equine Science Project Record Book



Place picture of project animal here

Name: _____ Age (as of Jan 1): _____

Club: _____ Number of Years in 4-H: _____

Number of Years in equine project work: _____

Please check off: Owned Project Animal Leased Project Animal

My goals for this year are:

HELPFUL HINTS:

- 📎 Keep your receipts; it will make it easier to fill out the Expense Record! You may want to create a folder or a special drawer to keep them in!**
- 📎 Hang the Labor Record by your animal's feed or somewhere you go each day and will see it.**
- 📎 If you did not do any work in a specific section for the year, just write "not applicable" at the top of the page and skip to the next section. You will not be penalized.**
- 📎 Estimates are ok!**
- 📎 If you need additional pages, feel free to attach them to the back.**
- 📎 If you have a question, ask someone... you can always call the 4-H office at 315-536-5123.**
- 📎 Project records are due with your fair pre-entry form.**
- 📎 These are not made to be hard or intimidating; just to show you how much time, effort and care you and/or your family really put into your project animal in a year. We don't expect that you are the sole care-giver for your animal. Therefore, we understand if you leave spaces blank. Just don't lie. Be honest - if you didn't take care of your animal for a few days or if someone picked up the food one week and didn't tell you how much it cost, it is ok. Just be honest!**

THE DETAIL OF THESE RECORDS WILL NOT PREVENT YOU FROM ENTERING YOUR ANIMAL IN THE FAIR. RECORDS ARE ANOTHER LEARNING TOOL THAT DEMONSTRATE THE MANY ASPECTS OF RAISING AND CARING FOR AN ANIMAL!

Animal Inventory

Horse's Registered Name	Horse's Stable Name	Date of Birth	Sex	Height	Breed	Ownership	Date of Purchase or Lease

Ownership

1. P = Personally owned
2. F = Family Owned
3. L = Leased/Borrowed (Must fill out a 4-H non-ownership form)

Horse Personality – Please list what your horse likes and dislikes below.

Health Record

My horse's veterinary clinic is? _____

Address: _____

Phone number:

A secondary veterinary clinic for my horse (in case the primary office is unavailable or the vet cannot be reached) is: _____

Address: _____

Phone Number: _____

Please list the vaccination your horse(s) has received (include dates).

Vaccination

Date Administered

Feeding Record

For each month, please list the kind, amount, and cost of the grain, supplements, bedding, and hay/pasture used for your animals. Total the amount for each section and then add your four totals together for a final feed/bedding cost.

Month	Grain			Supplements		
	Kind	Amt (lb)	Cost	Kind	Amt (lb)	Cost
Jan						
Feb						
Mar						
Apr						
May						
June						
July						
Aug						
Sept						
Oct						
Nov						
Dec						

Total _____

Total _____

Month	Hay/Pasture			Bedding		
	Kind	Amt (lb)	Cost	Kind	Amt (lb)	Cost
Jan						
Feb						
Mar						
Apr						
May						
June						
July						
Aug						
Sept						
Oct						
Nov						
Dec						

Total _____

Total _____

Total feed and bedding costs: _____

Income Record

Boarding – selling animals – selling manure – working at a stable – etc.

Month	Type of Income	Amount

Total _____

What additional ways can you think of that would help increase your income?

Financial Statement

Income

Source	Amount
Income total (pg 6)	_____
Show/fair premiums (pg 10)	_____
Other (explain)	_____
_____	_____
_____	_____
Total Income	_____

Expenses

Total feed cost (Page 5)	_____
Total health costs (Page 4)	_____
Total other expenses (Page 6)	_____
Total Expenses	_____

Total income minus total expenses _____
Amount

Circle one: Profit Loss

Describe your reactions below:

My 4-H Project Experiences

1. What did you learn by doing this project?
2. What was your biggest challenge this year?
3. What did you like most about your project?
4. What did you like least about your project?
5. Please share one thing relating to your project that was exciting, emotional or educational.

I hereby verify that the provided information is correct and the record book has been completed to the best of my ability.

4-H Member's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Leader's Signature: _____ Date: _____