

IONIA COUNTY 4-H



Horse and Pony Project Record Book Senior 15-19

Name: _____ 4-H Age: _____

Date of Birth: _____ Years in Horse Project: _____

4-H Club Name: _____

Horse/Pony 4-H Club Leader: _____

Exhibitor Number: _____

Date Began Record Book: _____ Date Completed Record Book: _____



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Rev. 1/2026

Project Requirements

Objectives:

1. Learn and apply recommended principles of horsemanship and horse science.
2. Demonstrate knowledge of sound feeding and management practices.
3. Develop integrity, sportsmanship, and decision-making skills.
4. Explore career, job, and leisure opportunities.

Instructions:

Record keeping is a vital part of an equine project. 4-H'ers should be able to account for all costs associated with their horse/pony project as well as monitor items such as feed utilization/consumption, animal health and the amount of time spent with the horse/pony project. Project record keeping is designed to give 4-H'ers a well-rounded understanding of their equine project.

- Photo(s) must clearly show the full body view of the horse(s)/pony(s).
- The description of the horse(s)/pony(s) must be written using proper terminology.
- Health records should begin on September 1st of the current year and end when the record book is considered complete.
- Include a copy of your horse's/pony's Coggins test results at the end of the record book.
- The Horse/Pony Record Book must be submitted in a binder or note book. **No loose pages.**
- **All signatures are required** on the "signature pages". The parent signature may be waived if the 4-H member is 18 years of age or older.

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Member Statement: I hereby certify that I have personally kept the records on this project and have personally completed this record book.

4-H Member Signature: _____

Record Approval: The 4-H member has completed this record book to a satisfactory level.

Parent/Guardian Signature: _____

4-H Horse Leader's Signature: _____

Determining Skill Level Placement

- Evaluators should use the following checklist to determine skill level placement
- When a rider has mastered all the skills at their level and 50% of the skills on the next level, they may move up and continue to work on the remaining skills.
- Put a checkmark next to the riding level the 4-H'er will be riding at.

Rider Name: _____

Date: _____

All riders must demonstrate the basic ring etiquette guidelines as listed below:

_____ Knows when and how to pass safely

_____ Remains on the rail

_____ Moves in and out of a crowd safely

_____ Maintains proper distance around other
Horses/Ponies

_____ **WALK/TROT:**

_____ Leads safely

_____ Stops with control

_____ Mounts and settles horse/pony

_____ Executes a 90 degree turn on the haunches

_____ Dismounts safely

_____ Maintains a controlled walk

_____ Ties with a quick-release knot

_____ Backs at least 4 steps

_____ Maintains a controlled trot

_____ **NOVICE - All previous plus:**

_____ Lopes a controlled small circle

_____ Recognizes correct leads

_____ Recognizes diagonals

_____ Recognizes gaits

_____ **INTERMEDIATE - All previous plus:**

_____ Executes a 180 degree turn on the
haunches and forehand

_____ Maintains correct leads on the rail

_____ Lengthens the walk

_____ Lengthens the trot

_____ Executes simple lead changes

_____ Backs and "L"

_____ Performs a figure 8 with lead changes

_____ Transitions from walk to lope

_____ **ADVANCED - All previous plus:**

_____ Side passes

_____ Hand gallops with control

_____ Serpentine at the trot

_____ Back through figure 8

_____ Executes a 360 degree turn on the
haunches and forehand

_____ Counter canters

_____ Flying lead changes (*optional*)

Horse Leader's Signature: _____

Date: _____

Evaluator's Signature: _____

Date: _____

Horse/Pony Health

Veterinarian Name:	Phone Number:
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My Horse's/Pony's Vital Signs:

Temperature:	Respiration:	Pulse:
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Immunizations:

- Please consult your veterinarian for the shots he/she recommends for your horse/pony.
- **Include a copy of immunization documentation at the end of the record book.** *(This can be a receipt of the purchase of the vaccinations, if self-administrated.)*

Date:	Common Name	Vaccine Description	Cost	Administered by:
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self
				<input type="checkbox"/> vet <input type="checkbox"/> self

Coggins Test: *(Attach a copy of your horse's/pony's Coggins test at the end of the record book.)*

Date of Test:	Cost:
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Deworming:

Date:	Product Name/Brand:	Cost:	Type:
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			
			<input type="checkbox"/> Daily <input type="checkbox"/> Paste <input type="checkbox"/> Tube
What parasites are eliminated by this product?			

Why do you de-worm your horse/pony? _____

How often do you de-worm? _____

Exams, Illnesses and Injuries:

Give information relating to any treatment administered to your horse/pony either by yourself or your veterinarian. Include medicine, amount and frequency.

Date:	Wellness Exam, Illness, Injury description, chiropractic work, etc.	Treatment/Care:	Results

How did you maintain your horse's/pony's health if you did not have any wellness exams, illnesses or injuries?

Dental Care:

Equine Dentist's Name:	Phone Number:
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Date:	Describe Procedure Done and Results:	Cost:

Hoof Care:

Farrier's Name:	Phone Number:
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Date:	Work Performed:	Cost:
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	
	<input type="checkbox"/> Shoes <input type="checkbox"/> Trim <input type="checkbox"/> Treatment <input type="checkbox"/> Other - Describe:	

Worksheet-How to calculate Monthly Cost of Feeds

This worksheet provides you with the formula and practice on calculating how much you spend per month on feed. This information is needed to complete page 8. ***If you feel comfortable with this calculation, you do not need to complete this page just move on to page 8.***

Grain:

Cost of a bag of grain: \$ _____ ÷ _____ lbs. in the bag = \$ _____ per lbs.

Amount fed: _____ lbs. per day X _____ days (in month) = _____ lbs.

Monthly cost of grain: \$ _____ X _____ lbs. =
(Cost per lb.) (Total amount fed) (Monthly cost of grain)

Hay:

Cost of a bale of hay: \$ _____ ÷ _____ lbs. per bale = \$ _____ per lbs.

Amount fed: _____ lbs. per day X _____ days (in month) = _____ lbs.

Monthly cost of hay: \$ _____ X _____ lbs. =
(Cost per lb.) (Total amount fed) (Monthly cost of hay)

Supplements:

Cost of the jar of supplements: \$ _____ ÷ _____ oz. in container = \$ _____ per oz.

Amount fed: _____ oz. per day X _____ days (in month) = _____ oz.

Monthly cost of supplements: \$ _____ X _____ lbs. =
(Cost per oz.) (Total amount fed) (Monthly cost of supplements)

Pasture:

Pasture costs money! Maintaining pasture requires fertilizer, lime, seed, mowing (hiring someone or buying diesel for the tractor), repairing fence boards, etc. If you'd like to estimate the cost of providing pasture for your horse/pony, take the dollars spent on these items each month and divide by the number of horse(s)/pony(s) that use that pasture.

(Dollars spent)

(Number of horses/ponies)

(Monthly cost of pasture)

Horse/Pony Feeding/Care Record

Feed/Care Cost per Month

Do you board your project horse/pony? Yes No (If boarding, please work with your stable manager to determine these values.)

	Grain	Amount	Cost	Hay	Amount	Cost	Pasture	Cost	Other Bedding	Cost	Monthly Total
<i>Example:</i>	<i>Sweet Feed</i>	<i>60 lbs.</i>	<i>\$12.00</i>	<i>Orchard Grass</i>	<i>20 Bales</i>	<i>\$80.00</i>	<i>Pasture</i>	<i>\$30.00</i>	<i>Biotin</i>	<i>\$7.00</i>	<i>\$129.00</i>
July											
August											
September											
October											
November											
December											
January											
February											
March											
April											
May											
June											
Total Grain Costs:			Total Hay Costs:			Total Pasture Costs:		Total Other Bedding Costs:		Total Costs:	

Educational Experiences

Please list any seminars, clinics, demonstrations, meeting presentations or educational books that you completed this year. (Examples: Showmanship clinic at MSU; Equine Nutrition Speaker at 4-H group meeting; Vet -A-Visit; Communicating with your horse by John Lyons; Learning to groom video) Attach additional page(s) if necessary!

Date: _____ Event/Topic: _____

What I learned: _____

Date: _____ Event/Topic: _____

What I learned: _____

Date: _____ Event/Topic: _____

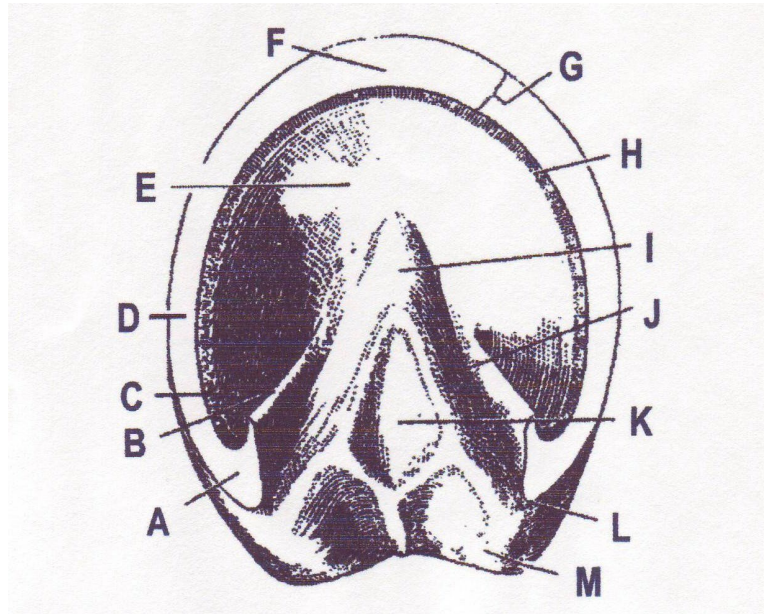
What I learned: _____

Date: _____ Event/Topic: _____

What I learned: _____

Educational Page
Hoof Anatomy and Terminology

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____
- L. _____



M. _____

Define the following words:

- 1. Farrier: _____

- 2. Laminae: _____

- 3. Thrush: _____

- 4. Gravel: _____

- 5. Ringbone: _____

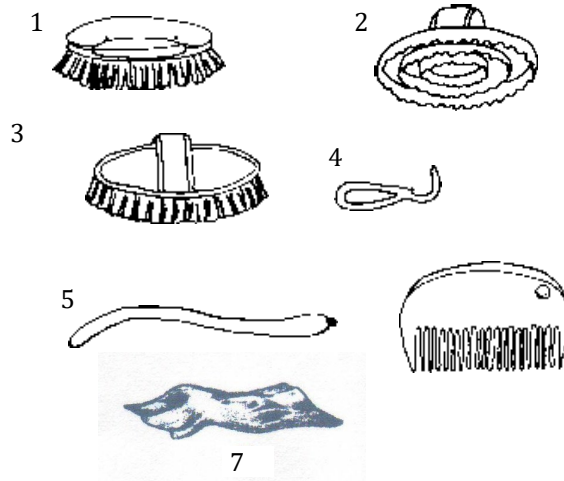
- 6. Navicular Disease: _____

Educational Page

Grooming Equipment and Practices

Identify the basic pieces of grooming equipment.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____



Use the Horses and Horsemanship's chapter on Grooming and Preparation for the Show to answer the following questions.

When grooming your horse what is the proper order the grooming should be done in? Place a number on each line (1 - 5) to put in the correct order.

Grooming the Body ____ Cleaning the Feet ____ Mane and Tail ____ Clipping and Trimming ____ Cooling Out ____

Most good horsemen will use the following pieces of equipment to groom their animals. Tell a little bit about each one.

Brushes: _____

Clippers and/or Scissors: _____

Grooming Cloth: _____

Currycomb: _____

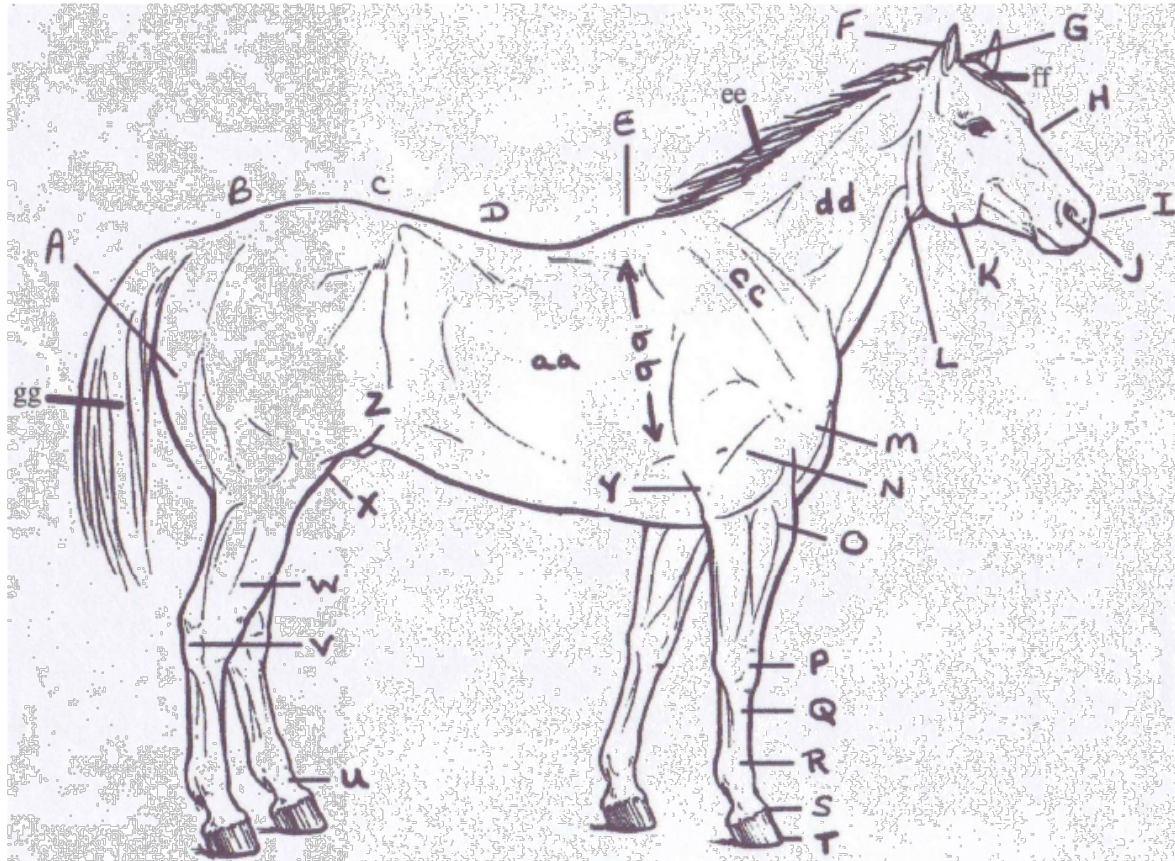
Mane and Tail Comb: _____

Hoof Pick: _____

Parts of the Horse - Educational Page

Label each name with the correct letter

8-11 (11) | 12-14 (22) | 15-19 (all)



_____ A	_____ L	_____ W
_____ B	_____ M	_____ X
_____ C	_____ N	_____ Y
_____ D	_____ O	_____ Z
_____ E	_____ P	_____ aa
_____ F	_____ Q	_____ bb
_____ G	_____ R	_____ cc
_____ H	_____ S	_____ dd
_____ I	_____ T	_____ ee
_____ J	_____ U	_____ ff
_____ K	_____ V	_____ gg

Photographs of My 4-H Horse/Pony Project

Add more pages if needed

My 4-H Horse/Pony Project Record Book Score Sheet

4-H Member: _____

4-H Club: _____

Page #		Possible Points	Your Points
1	Cover Sheet	5	
	All information neat and complete. <i>(Submitted in some type of notebook.)</i>		
2	Signature for Completion plus Leader's Signature	5	
	Page included.		
3	Skill Level	10	
	Leader's signature.		
4-5	Description(s) of Project	10	
	All information is neat and complete. Includes photograph of project animal(s).		
6-7	Health Records	10	
	All information is neat and complete.		
6	Coggins/Vaccinations	10	
	Current copy of Coggins attached – <i>required</i> . Current copy of receipt or veterinary receipt of vaccinations – <i>optional</i> .		
8-9	Feeding and Bedding	10	
	All information is neat and complete. (Judges – page 8 is <i>not</i> required)		
10	Purchases and Gifts	5	
	All information is neat and complete.		
11-12	Club Activities/Goals/Activities Log	5	
	All information is neat and complete.		
13	Educational Experiences	5	
	All information is neat and complete.		
14-16	Educational Pages	20	
	All information is neat and complete.		
17	Photographs	5	
	All photographs are neatly arranged.		
	Total Points	100	
	A: 90 points or above, B: 80 - 89 points, C: 79 points and below		
	Grand Total		