Hillsdale County Fair Horse Project Book

Members must obtain this packet with stall approval from Hillsdale Horse leader representative prior to leaving Saturday night after 10pm or Sunday morning before 10 am. (***stalls left dirty can result in loss of premiums***)

4-H Membe	r Name:				
4-H Club Name:					
	Но	orse Health			
Veterinarian's Name:		Phone Number:			
<u>Vital Signs</u> : FILL	OUT WITH DVM AT CH	HECK IN			
Normal vital signs:	Temperature: 100 – 100.5 degrees Respiration: 8 -15 breaths per minute Pulse: 45 – 60 beats per minute				
My horse's tempera	ture is: My horse's	respiration is: My horse's pulse is:			

Immunization & Coggins

Please consult your veterinarian for the shots he/she recommends for your horse. Include a copy of the immunization documentation at the end of the record book.

Date	Reason Needed	Vaccination Provided	Cost	Administered by
				VetSelf

Pental Care Equine Dentist's Name:		Phone			
Date		Procedure	Done		Cost
eworming	3				
Date	Product Name/Brand		Cost	Туре	
oof Care	Farrier's Name:			Phone	
Date	Work Perfor	med		Describe	Cos
	Shoes Trim	Treatment			
	Shoes Trim	Treatment			
	Shoes Trim	Treatment			
	Shoes Trim	Treatment			
	Shoes Trim	Treatment			
	Shoes Trim	Treatment			

Feeding and Bedding Summary

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Is your horse kept at your home? Yes Or No	
Horses should always have access to clean fresh water. True or False	
What do you feed your project animal(s), and how often? (Hay/Grain/Supplements)	
Estimated monthly cost to care for your equine project(s): (Board/Hay/Grain/Supplements/Bedding Etc.)	
What have you done to prepare your project animal(s) for the fa	air?
Member's Signature Date	:
Parent's Signature Date:	·
**CHECKOUT AFTER 10PM SATURDAY 10 AM SUNDAY MORNI	

Stall checked and cleared to leave by HHL: _____