

Horse Project Record
for the Year _____

Name _____ Club _____

Years in Horse Project _____ Project type (circle one) Horse/Pony -- or -- Horseless Horse

Horse Project Buddy (if Horseless Horse) _____

Horse Name _____

Age _____ Sex _____ Height _____ Breed _____

Describe how you use your horse

Describe your horse's feed program _____

What have you accomplished in the Horse Project this year? _____

Explain anything you would like to have done differently _____

What are your goals in Horse Project for next year? _____

Attach Horse Health Record and Educational / Point Activities Record

I certify that this is a true and accurate record.

Member signature _____ date _____

Parent signature _____ date _____

Please fill out one record for each horse to be shown at the Oconto County Youth Horse Show
Horses must be checked by veterinarian/superintendent before unloading at the Fairgrounds.

HORSE HEALTH RECORD FOR THE YEAR _____

NAME _____ HORSE NAME _____

	Vaccinations <small>(attach copy of vaccination cert. or receipt)</small>	Date	Given by	De-worming Product	Date	Farrier Service date
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
July						
August						

Attach to Horse Project Record sheet