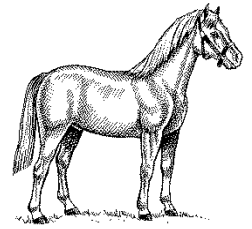




**SAWYER COUNTY
4-H PROJECT RECORD**



HORSE PROJECT

This form must be completed for each horse or pony you have as your project animal. This form must be submitted with a copy of the horse's current Coggin's paper by May 1 to the Extension Office.

Name:
Address:
Club:
Member's Date of Birth:
Years in Project:
Years in 4-H:

Attach a photo of you and your horse.

HORSE INFORMATION

Name of Horse		
Breed of Horse	Sex	Age
Height	Color	
Markings		

Style of Riding (check one or more)

<input type="checkbox"/>	Huntseat	<input type="checkbox"/>	Saddleseat	<input type="checkbox"/>	Western	<input type="checkbox"/>	Driving
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Ownership (check one)

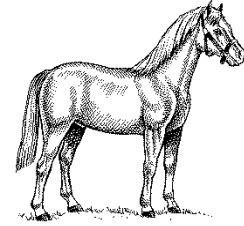
<input type="checkbox"/>	Personally Owned	<input type="checkbox"/>	Family Owned	<input type="checkbox"/>	Leased	<input type="checkbox"/>	Managerial
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Name of Owner if leased or managerial:

Member Signature:
Parent Signature:



**SAWYER COUNTY
4-H PROJECT RECORD**



HORSE PROJECT

This form must be completed for each horse or pony you have as your project animal. This page to be included in the Record Book with the following project pages.

Name:
Address:
Club:
Member's Date of Birth:
Years in Project:
Years in 4-H:

Attach a photo of you
and your horse.

HORSE INFORMATION

Name of Horse		
Breed of Horse	Sex	Age
Height	Color	
Markings		

Style of Riding (check one or more)

<input type="checkbox"/>	Huntseat	<input type="checkbox"/>	Saddleseat	<input type="checkbox"/>	Western	<input type="checkbox"/>	Driving
--------------------------	----------	--------------------------	------------	--------------------------	---------	--------------------------	---------

Ownership (check one)

<input type="checkbox"/>	Personally Owned	<input type="checkbox"/>	Family Owned	<input type="checkbox"/>	Leased	<input type="checkbox"/>	Managerial
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Name of Owner if leased or managerial:

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Member Signature:

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Parent Signature:

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HEALTH AND MAINTENANCE RECORD

List all health and maintenance activities that were taken on your horse for this project year.

FOOT CARE: List all shoeing, trimming, and other foot-care costs.

Date	Activity taken & supplies	Cost

DE-WORMING: List each time that your horse was wormed. Include the type/method used.

Date	Activity taken & supplies	Cost

VACCINATIONS, INOCULATIONS AND TESTS

Date	Activity taken & supplies	Cost

MISCELLANEOUS VETERINARY/HEALTH ITEMS

Date	Activity taken & supplies	Cost

TOTAL HEALTH COST THIS PROJECT YEAR	
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CARE OF YOUR HORSE

Describe the normal daily care routine you provide your horse. On average, how many days a week did you work with your horse? (what did you typically do during that time?)

SHARING

How did you share what you learned with others? (Demonstrations, community service, talking to local clubs, helping other youth, Talent Explosion, district shows, State Fair, Clothing Revue, Food Revue, etc.) Do not include Sawyer County Fair.

Activity	Date/Location

LEADERSHIP

How did you demonstrate leadership in this project?

SAWYER COUNTY FAIR EXHIBIT RECORD FOR THIS PROJECT

What was exhibited	Placing

WAYS YOU RECEIVED HELP THIS YEAR INCLUDE: (check all that apply)

	Attended project training offered in the county
	Attended project training offered at District or State Level
	Guidance from 4-H Leader
	Guidance from Parent
	Reading and use of literature, books, audio visual resources
	Guest presenters
	Own knowledge
	Help from friends/other youth
	Other (describe)

REFLECTING

What did you do in this project?
What did you learn in this project? What did you learn about yourself?
What did you like about this project? Why?
What would you do differently in this project?
How can you use what you learned in other areas of your life?