

# Greene County 4-H Horse Record Book

\$2 at Extension Office

This Record Book will be a required part of Junior Fair Skill-a-thons.

**Use one booklet per horse.**

**First year members use the Ohio 4-H Horse Record Book.**

Name: \_\_\_\_\_ Age (as of Jan 1, this year): \_\_\_\_\_

4-H Club: \_\_\_\_\_

Record Started: \_\_\_\_\_  
Month Day Year

I hereby certify that, as the exhibitor of this project, I have personally kept records on this project and have personally completed this record book.

Signed: \_\_\_\_\_  
Member Date

**I have reviewed this record and found it to be complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Club Advisor Signature Date

**FOR PURPOSES OF THIS RECORD BOOK, USE May 1, CURRENT YEAR AS THE END DATE FOR THIS PROJECT.**

Use a separate record book for each other livestock projects. **Additional pages may be added.**

This document is available at the Extension Office for \$2 or online at [greene.osu.edu](http://greene.osu.edu) for free.

**Note: For State Fair Skill-a-thon competitions, please use the Ohio 4-H Record Book.**

*Adapted February 2025 for Greene County 4-H from Record Books used in Montgomery County.*



# Greene County 4-H Horse Record Book

Name of Horse \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Height in Hands \_\_\_\_\_

Breed or Type \_\_\_\_\_

## A. Boarding/Lease Information

If this horse is leased or boarded, how much is your monthly fee for this service? If this does not apply, continue to Section B.

	May	June	July	August	Total
Lease Fee					
Boarding Fee					
Other Fees (Describe Below)					

## B. Feed Information

### DESCRIPTION OF FEED AND SUPPLEMENTS

**Grain:** Whole Oats \_\_\_\_\_ Crimped Oats \_\_\_\_\_ Crushed Oats \_\_\_\_\_ Corn \_\_\_\_\_

Barley \_\_\_\_\_ Commercial Feed \_\_\_\_\_ (Give analysis or attach a tag from the bag)

Other (list) \_\_\_\_\_

**Hay:** Alfalfa \_\_\_\_\_ Timothy \_\_\_\_\_ Clover \_\_\_\_\_ Orchard Grass \_\_\_\_\_

Brome Grass \_\_\_\_\_ Mixed Hay \_\_\_\_\_ Other (Give Name) \_\_\_\_\_

Is your horse out on pasture 100% of the time? Yes No



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## Feed Record May through Fair

	June	July	August	Total Used	Total Cost
Grain/ Amount				lbs.	
\$ Grain/Month					\$
Bales of Hay/ Month				bales	
\$ Bales of Hay/ Month					\$



**C. Deworming Record**

Product	Date	Cost
		\$
		\$
		\$

Total Deworming Cost \$

**D. Vaccination Record**

Disease	Month	Day	Year	Cost
Encephalomyelitis				\$
Influenza				\$
Rhino pneumonitis				\$
Strangles				\$
Rabies				\$
PHF				\$
Tetanus				\$
Other:				\$
TOTAL COST OF VACCINATIONS				\$

**E. Dental Costs**

<b>Date</b>	<b>Procedure</b>	<b>Cost</b>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL COST FOR HOOF CARE	\$

**F. Hoof Care Costs**

<b>Date</b>	<b>Procedure</b>	<b>Cost</b>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL COST FOR HOOF CARE	\$

**G. Other Medical Expenses**

<b>Date</b>	<b>Symptoms / Diagnosis / Treatment</b>	<b>Cost</b>
		\$
		\$
		\$
	Total Cost of Medical Misc.	\$

(Add additional sheets, if you need more space.)

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**Now add everything together:**

- A. Boarding/Leasing Fees \$ \_\_\_\_\_
- B. Feeding Costs \$ \_\_\_\_\_
- C. Deworming Costs \$ \_\_\_\_\_
- D. Vaccination Costs \$ \_\_\_\_\_
- E. Dental Costs \$ \_\_\_\_\_
- F. Hoof Care Costs \$ \_\_\_\_\_
- G. Medical Care Costs \$ \_\_\_\_\_

GRAND TOTAL -- ALL COSTS (A-G)..... \$ \_\_\_\_\_





Photographs (Do not attach any additional pages):