

Washoe County 4-H Horse Record



EXTENSION

College of Agriculture,
Biotechnology & Natural Resources

4-H HORSE VERIFICATION

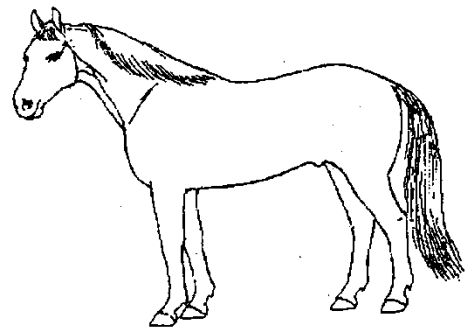
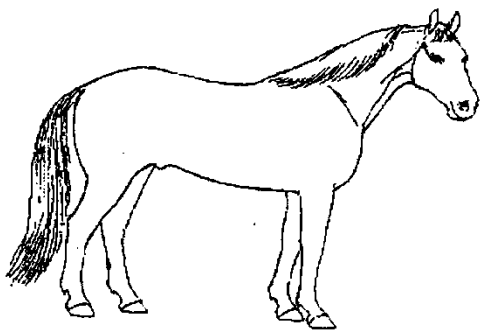
DATE:

HORSE NAME:
(one sheet per horse)

REG. #

ATTACH PHOTO OF
YOUR HORSE HERE

**On the horse below, using a red felt-tip pen, draw all markings,
brands, and scars that pertain to your project horse.**



To the best of our knowledge, all the information on this horse, and the member(s) using it, is correct.

Signed: _____ Date: _____
Parent or Guardian

As the leader of the _____ 4-H club, I have talked with the family to verify that the horse described is being carried as a 4-H project by the member(s) as of _____ (date) of this project year.

Signed: _____ Date: _____
Club Leader

TACK & EQUIPMENT INVENTORY

Year:

BEGINNING INVENTORY

DESCRIPTION	\$ VALUE	DATE SOLD	\$ RECEIVED

NEW INVENTORY

DESCRIPTION	\$ AMOUNT	DATE PURCHASED

PROJECT EXPENSES

YEAR:

HORSE NAME:

(one sheet per horse)

DATE	DESCRIPTION	FEED	VITAMINS ETC.	FARRIER	VET.	MISC.
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
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		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
COLUMN TOTALS		\$	\$	\$	\$	\$

YEAR TOTAL

\$

PROJECT TIME SHEET

YEAR:

HORSE NAME:

(one sheet per horse)

Hours spent each month on project.

Month														
Oct.														
Nov.														
Dec.														
Jan.														
Feb.														
March														
April														
May														
June														
July														
Aug.														
Sept.														
Total Hours														

YEAR TOTAL

X
Total hours spent on project

\$
Labor charge

=

Labor cost

TOTAL INCOME \$

TOTAL EXPENSES \$

LABOR COSTS \$

GROSS PROFIT = \$

I hereby certify that member carrying this horse as a 4-H project has completed the current 4-H club year.

Signed: _____
Club Leader

Parent/Guardian _____
Date: / / _____

CHANGE OF HORSE FORM

YEAR:

NAME:

ADDRESS:

CITY:

COUNTY:

STATE:

ZIP:

PHONE:

CLUB NAME:

LEADERS:

CHANGE FROM HORSE

HORSE NAME:

REG. #:

CHANGE TO HORSE

HORSE NAME:

REG. #:

BREED: SEX: M G S AGE: COLOR:

MARKINGS:

BRAND:

REASON FOR CHANGE OF HORSE:

SIGNED: _____ DATE:

Depending on reason for change of horse, form may have to be signed by veterinarian.

VETERINARIAN SIGNATURE: _____ DATE: