





EXTENSION

College of Agriculture,
Biotechnology & Natural Resources

WASHOE COUNTY

					SE REC			
DATE: OCT. 1, 20 TH	RU SE	EPT. 30	0, 20		LEADER	RS:		
Jr. CLASS:	Int.	Sr.		HORS	SE LEVEL	: S	CHOOL GRADE:	
NAME:					ADDRES	SS:		
CITY:		COU	NTY:	S	ГАТЕ:	ZIP:	PHONE:	
CLUB NAME:				Yrs.	In 4-H:	Yrs	s. in this project:	
			Н	ORSE II	NVENTO	RY #1		
BREED:	SEX:	M	G	S	A	GE:	REG. #	
NAME:	2211.			COLO			AND:	
MARKINGS:								
DATE PURCHASED) :	/	/	/		COS	ST: \$	
DATE SOLD:		/	/	/		SOI	LD: \$	
HORSE OWNED:								
HORSE LEASED:			OW]	NER'S N	AME:			
			OW	NER'S A	DDRESS:			
			Н	ORSE I	NVENTO	RY #2		
BREED: NAME:	SEX:	M	G	S	AGE: COLOR:	REC	G. # BRAND:	
MARKINGS:								
DATE PURCHASED):	/		/		COS	ST: \$	
DATE SOLD:		/	/	/		SOI	LD: \$	
HORSE OWNED:								
HORSE LEASED:				NER'S N				
			OW]	NER'S A	DDRESS:			

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	4-H HORSE VERIFICATION	
DATE:		
HORSE NAME: (one sheet per horse)	REG. #	
	ATTACH PHOTO OF YOUR HORSE HERE	
	orse below, using a red felt-tip pen, draw all markings nds, and scars that pertain to your project horse.	·
To the best of our knowledge Signed: Parent or Guardi	e, all the information on this horse, and the member(s) use	ing it, is correct.
As the leader of the described is being carried as project year.	4-H club, I have talked with the family to a 4-H project by the member(s) as of	o verify that the horse (date) of this

Signed:

Club Leader

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Date:

TACK & EQUIPMENT INVENTORY

Year:

BEGINNING INVENTORY								
DESCRIPTION	\$ VALUE	DATE SOLD	\$ RECEIVED					

	NEW INVENTORY	
DESCRIPTION	\$ AMOUNT	DATE PURCHASED

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HORSE MAINTENANCE RECORD

DATE:

HORSE NAME:		(one sheet per horse)							
SCHEDULE OF EV	YENTS: Shoe or trim = $6 - 8$	B weeks							
	worming $= 6 - 8$	ing $= 6 - 8$ weeks, rotate worming pastes							
		per year							
	vaccinations = sprin								
	<u> </u>								
DATE	SERVICE PERFORMED	PERFORMED BY	REPEAT DATE						

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HEALTH RECORD

YEAR:		VETERINARIAN:
HORSE NAME:	(one sheet per horse)	PHONE #:

DATE	HORSE'S AILMENT	TREATMENT	TREATED BY ?

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PROJECT EXPENSES

1	\mathbf{r}		\mathbf{T}	
Y	н.	Δ	к	•
		/ N		_

HORSE NAME:

(one sheet per horse)

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

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PROJECT INCOME

	(one sheet per horse)	
DATE	\$ RECEIVED	DESCRIPTION
AR TOTAL	[\$	

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PROJECT TIME SHEET

					_								
YEAR:	E NAME:		·										
покы	NAME.	(one sl	neet per	horse)									
		_		Hours s	pent ea	ch mon	th on p	roject.					
Month													
Oct.													
Nov.													
Dec.													
Jan.													
Feb.													
March													
April													
May													
June													
July													
Aug.													
Sept.													
Total Hours													
YEAR	TOTAL												
		Total ho	ours spen	t on proje	X		<u>\$</u> Labor	charge		=	Labor	cost	
TOTAL	INCOME		\$			I	hereby o	certify that	at memb	er carryii	ng this ho	orse as a	
TOTAL	EXPENSES		\$				4-H project has completed the current 4-H club year. Signed:				_		
LABOR	R COSTS		\$					Club Lea					-
GROSS	PROFIT	=	\$				Date:	Parent/Gu	uardian /				_

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CHANGE OF HORSE FORM

YEAR:					
NAME:	ADDRESS:				
CITY:	COUNTY:	STATE:	ZIP:	PHONE:	
CLUB NAME:		LEADER	RS:		
	СНА	ANGE FROM HO	ORSE		
HORSE NAME:		R	EG. #:		
	CI	HANGE TO HOR	RSE		
HORSE NAME: BREED:	M G SEX:	S AGE:	EG. #: COLO	DR:	
MARKINGS:					
BRAND:					
REASON FOR CH	ANGE OF HORSE:				
SIGNED:			DATI	3:	
Depending on reason	on for change of horse, for	rm may have to b	e signed by	veterinarian.	
VETERINARIAN	SIGNATURE:			_DATE:	

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