

LA CROSSE COUNTY HORSE PROJECT RECORD*



Name _____ Grade _____ Years in Project _____

Project Meetings held _____ Number I attended _____

Owner _____ Managerial _____ Partnership _____ Horseless Horse _____

IDENTIFICATION OF ANIMAL (Complete as much information as available)

Registration Name _____ Breed _____

Birth date _____ Date Project Started _____

Raised or purchased _____

If registered: Registration No. _____

Sire's Name _____ Registration No. _____

Dam's Name _____ Registration No. _____

PROJECT EXPENSES

| Month | Grain | Hay/Straw | Farrier | Veterinary ² | Equipment | Other ¹ | Total cost or Value/month |
|-------|-------|-----------|---------|-------------------------|-----------|--------------------|---------------------------|
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Total Project Expenses _____

¹ Include breeding services, trucking, show expenses, etc.

² Include veterinary expenses or treatment if any, and the cost of required health tests, etc.

* Use a separate sheet for each animal carried as project.

MANAGEMENT RECORD

Record any management practices used including vaccinations, worming, changes in feeding programs, weaning date, movement to pasture, supplement heat and when these things happened (add extra sheets if needed).

FINANCIAL AGREEMENT

The financial agreement I have with my parents in this project is:

OTHER PROJECT ACTIVITIES

Type of Event

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EXHIBIT RECORD

Where Shown

Placing

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4-H Horse Project Experiences: (You may want to include: what you've learned this year; challenges; leadership and/or teaching responsibility you have had in this project).