**United States Pony Club**

**Record Book**

Member Name: \_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you care for multiple horses, you should have a record book for each horse.)

**Contents:**

* Member Certifications
* General Information About Horse and Rider
* Vital Signs, Medical History, and Body Condition
* Feeding and Nutrition
* Stable Management
* Horse Care (Farrier, Deworming, Veterinary Care)
* Tack and Equipment Care
* Horse Related Income and Expenses
* Goals and Targets
* Education, Training, and Conditioning Activities

**Member Certifications**

**Horse Management (HM) Certifications**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Goal Year | Date(s) Tested | Earned |
| D1 |  |  |  |
| D2 |  |  |  |
| D3 |  |  |  |
| C1 |  |  |  |
| C2 |  |  |  |
| H-B |  |  |  |
| H-HM/H/H-A |  |  |  |

**Mounted Certifications: Eventing, Dressage, HSE/Show Jumping, Western**

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| --- | --- | --- | --- | --- |
|  | Track | Goal Year | Date(s) Tested | Earned |
| D1 | ENG |  |  |  |
| D1 | WST |  |  |  |
| D2 | EVENT |  | FL: | JMP: |  |
| D2 | DR |  |  |  |
| D2 | HSE |  |  |  |
| D2 | WST |  |  |  |
| D3 | EVENT |  | FL: | JMP: |  |
| D3 | DR |  |  |  |
| D3 | HSE |  |  |  |
| D3 | WST |  |  |  |
| C1 | EVENT |  | FL: | JMP: |  |
| C1 | DR |  |  |  |
| C1 | HSE |  |  |  |
| C1 | WST |  |  |  |
| C2 | EVENT |  | FL: | JMP: |  |
| C2 | DR |  |  |  |
| C2 | HSE |  |  |  |
| C2 | WST |  |  |  |
| C3 | EVENT |  |  |  |
| C3 | DR |  |  |  |
| C3 | SJ |  |  |  |
| B | EVENT |  |  |  |
| B | DR |  |  |  |
| B | SJ |  |  |  |
| A | EVENT |  |  |  |
| A | DR |  |  |  |
| A | SJ |  |  |  |

**Horse Information**

Horse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Purchased/Leased: \_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (if unknown, estimate the year):\_\_\_\_\_\_\_\_\_\_\_

Breed (if unknown, list suspected breed or cross):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed Registry or Membership within Organizations

|  |  |
| --- | --- |
| Organization Name | Registration Number |
|  |  |
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|  |  |

**Physical Description:**

Height: \_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Face Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leg Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Distinguishing Features, Scars, Brands, or Tattoos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Identification/Conformation Photos:**

|  |  |
| --- | --- |
| Front | Rear |
| Left | Right |

**Horse’s Current Owner & Riders**

(Review each season & update if there are changes)

Horse Owner’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Price: \_\_\_\_\_\_\_\_\_\_\_\_\_ or Lease Fee: \_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_

Is this horse insured? \_\_\_\_\_ Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_

Is the horse boarded? \_\_\_\_\_\_ Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the horse in training with a professional? \_\_\_\_\_\_ Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible for daily feeding and care of this horse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible for the vet/farrier care of this horse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this horse used or ridden by anyone other than the member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please explain:

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| Date Reviewed | Any Changes? |
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**Horse Care**

**Equine Health Care Professionals (Vet, Farrier, Dentist, Chiropractor, etc…)**

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

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Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

**Medical History** (add dates as needed)

Nutritional Deficiencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Major Injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Typical Week** (describe your horse’s typical routine)

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**Body Condition Score Rubric**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A - Neck | B – Withers | C – Back/Loin | D - Tailhead | E - Ribs | F - Shoulder | Score |
| Bone structure easily noticeable | Bone structure easily noticeable | Spinous processes projecting prominently | Tailhead, pinbones, and hook bones projecting prominently | Ribs protruding prominently | Bone structure easily noticeable | 1 |
| Bone structure faintly discernible | Bone structure faintly discernible | Slight fat covering over base of spinous processes. Transverse processes of lumbar vertebrae feel rounded. Spinous processes are prominent | Tailhead prominent | Ribs prominent | Bone structure faintly discernible | 2 |
| Neck accentuated | Withers accentuated | Fat buildup halfway on spinous processes, but easily discernible. Traverse processes cannot be felt | Tailhead prominent but individual vertebrae cannot be visually identified. Hook bones appear rounded, but are still easily discernible. Pin bones not distinguishable | Slight fat over ribs. Ribs easily discernible | Shoulder accentuated | 3 |
| Neck not obviously thin | Withers not obviously thin | Negative crease (peaked appearance) along back | Prominence depends on conformation. Fat can be felt. Hook bones not discernible | Faint outline of ribs discernible | Shoulder not obviously thin | 4 |
| Neck blends smoothly into body | Withers rounded over spinous processes | Back is level | Fat around tailhead beginning to feel soft | Ribs cannot be visually distinguished, but can be easily felt | Shoulder blends smoothly into body | 5 |
| Fat beginning to be deposited | Fat beginning to be deposited | May have a slight positive crease (a groove) down back | Fat around tailhead feels soft | Fat over ribs feels spongy | Fat beginning to be deposited | 6 |
| Fat deposited along neck | Fat deposited along withers | May have a positive crease down the back | Fat around tailhead is soft | Individual ribs can be felt with pressure, but noticeable fat filling between ribs | Fat deposited behind shoulder | 7 |
| Noticeable thickening of neck | Area along withers filled with fat | Positive crease down the back | Fat around tailhead very soft | Difficult to feel ribs | Area behind shoulder filled in flush with body | 8 |
| Bulging fat | Bulging fat | Obvious crease down the back | Bulging fat around tailhead | Patchy fat appearing over ribs | Bulging fat | 9 |



**Body Condition Score Tracking**

Every season (more often if you are working toward a fitness/conditioning goal), evaluate your mount’s body condition. Give each area a score based on the BSC Rubric. Calculate the average score for the 6 areas to determine the Body Condition Score (BCS). If the average score is below 4 or above 6, work with your veterinarian to establish a nutrition and conditioning plan for your horse to bring them back into a normal range. (Add additional sheets if needed.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Neck** | **Withers** | **Back/Loin** | **Tailhead** | **Ribs** | **Shoulder** | **BCS** |
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**Vital Signs at Rest**

At the start of every season, record your mount’s weight and normal vital signs at rest. According to USPC, the healthy ranges are:

* Temperature: 99-101 ⁰F
* Pulse: 28-44 beats/min
* Respiration: 10-24 breaths/min
* Gum Color – Light pink
* Capillary Refill – less than 2 sec
* 1-3 gut sounds/min

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| **Date** | **Weight** | **Temp.** | **Pulse** | **Resp.** | **Gum Color** | **Cap. Refill** | **Gut Sounds** |
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**Feeding and Nutrition**

(Review each season & update if there are changes. Add sheets if necessary)

**Basic feeding recommendations:**

* Consider access to pasture, fiber, unsaturated fats, protein, vitamins/minerals, and additional carbohydrates when developing your nutrition plan.
* Fresh Clean Water: Always available
* Salt: Always available
* Forage: Ideally always available to mimic grazing. The typical recommended amount is 1.5-3% of horse’s body weight per day.
* Adjust feed sources & amounts based on BCS, age, pregnancy, weather, and workload.

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| --- | --- | --- |
| **BCS:**  | **Weight:**  | **Workload:** |
| **Water** (Free Choice) | Source: |
| **Salt** (Free Choice) | Source: |
| **Feed** | **Free Choice** | **AM** | **PM** | **Weight/Volume Conversion** |
| **Roughage** |
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| **Concentrates** |
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| **Fats** |
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| **Supplements** |
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| **Medications** |
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| **Date of Change:** | **Reason:** |

**Feeding and Nutrition**

(Review each season & update if there are changes. Add sheets if necessary)

**Basic feeding recommendations:**

* Consider access to pasture, fiber, unsaturated fats, protein, vitamins/minerals, and additional carbohydrates when developing your nutrition plan.
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| --- | --- | --- |
| **BCS:**  | **Weight:**  | **Workload:** |
| **Water** (Free Choice) | Source: |
| **Salt** (Free Choice) | Source: |
| **Feed** | **Free Choice** | **AM** | **PM** | **Weight/Volume Conversion** |
| **Roughage** |
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| **Concentrates** |
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| **Medications** |
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| **Date of Change:** | **Reason:** |

**Stable Management**

(Make a new map each time your horse’s living situation changes.)

Stabling/Barn/Turnout Area Map

**Stable Management**

(Add sheets if needed.)

Typical Turnout Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Update each time there are changes to your horse’s turnout scenario.

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| --- | --- | --- | --- |
| Date | Turnout Location | Other Horses | Comments |
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**Stable Management**

(Fill out at the start of each season. Add sheets if needed.)

Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turnout/Stabling Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herd Dynamics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blanketing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Turnout Equipment: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Shelter Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salt Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forage/Pasture Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biting Insect Protection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carefully inspect your horses living areas and riding areas for fire extinguishers, damage, toxic plants, bee/wasp nests, burrowing animal holes, or other potential hazards. Report any concerns to someone who will promptly take care of the issues, or fix them yourself if you have the skills and permission to do so.

Barn/Stall/Shelter Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turnout Area Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riding Area Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Date: \_\_\_\_\_\_\_\_ Reported To: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Fixed: \_\_\_\_\_\_\_\_

Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turnout/Stabling Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herd Dynamics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blanketing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Turnout Equipment: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Shelter Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salt Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forage/Pasture Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biting Insect Protection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carefully inspect your horses living areas and riding areas for fire extinguishers, damage, toxic plants, bee/wasp nests, burrowing animal holes, or other potential hazards. Report any concerns to someone who will promptly take care of the issues, or fix them yourself if you have the skills and permission to do so.

Barn/Stall/Shelter Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turnout Area Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riding Area Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Date: \_\_\_\_\_\_\_\_ Reported To: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Fixed: \_\_\_\_\_\_\_\_

**Stable Management**

(Fill out at the start of each season. Add sheets if needed.)

Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turnout/Stabling Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herd Dynamics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blanketing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Turnout Equipment: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Shelter Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salt Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forage/Pasture Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biting Insect Protection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carefully inspect your horses living areas and riding areas for fire extinguishers, damage, toxic plants, bee/wasp nests, burrowing animal holes, or other potential hazards. Report any concerns to someone who will promptly take care of the issues, or fix them yourself if you have the skills and permission to do so.

Barn/Stall/Shelter Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turnout Area Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riding Area Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Date: \_\_\_\_\_\_\_\_ Reported To: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Fixed: \_\_\_\_\_\_\_\_

Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turnout/Stabling Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herd Dynamics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blanketing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Turnout Equipment: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Shelter Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salt Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forage/Pasture Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biting Insect Protection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carefully inspect your horses living areas and riding areas for fire extinguishers, damage, toxic plants, bee/wasp nests, burrowing animal holes, or other potential hazards. Report any concerns to someone who will promptly take care of the issues, or fix them yourself if you have the skills and permission to do so.

Barn/Stall/Shelter Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Turnout Area Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riding Area Inspection Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Date: \_\_\_\_\_\_\_\_ Reported To: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Fixed: \_\_\_\_\_\_\_\_

**Horse Care**

(Record all farrier or blacksmith visits. Add sheets if needed)

Trimming/Shoeing Schedule for your horse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Farrier Records:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Cost | Farrier | Trimming/Shoeing Description | Concerns |
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**Horse Care**

(Record all farrier or blacksmith visits. Add sheets if needed)

Trimming/Shoeing Schedule for your horse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Farrier Records:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Cost | Farrier | Trimming/Shoeing Description | Concerns |
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**Horse Care**

(Record all Fecal Egg Counts and Deworming. Add sheets if needed.)

**Deworming Records:**

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| --- | --- | --- | --- | --- | --- |
| Date | Cost | Dewormer Used | Parasite Types Targeted | Fecal Egg Count | Recommendation or Concerns |
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**Typical Recommendations**

Perform a Fecal Egg Count each quarter unless otherwise directed by a veterinarian. Based on the FEC result deworm your horse. If your horse is a low shedder, deworming may not be needed. If your horse is a high shedder, deworm, and consider performing an FEC about 2 weeks after deworming to determine if there is parasite resistance. Any concerns should be discussed with your veterinarian.

Regardless of the FEC result, at a minimum: In the fall, after the first hard frost, deworm against bots using Ivermectin or Moxidectin. In the spring after the last hard frost, deworm against tape worms using a Praziquantel-Ivermectin blend.

**Horse Care**

(Record all Fecal Egg Counts and Deworming. Add sheets if needed.)

**Deworming Records:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Cost | Dewormer Used | Parasite Types Targeted | Fecal Egg Count | Recommendation or Concerns |
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**Horse Care**

**Routine Veterinary Care**

A Coggin’s test should be pulled on your horse each year. Your horse’s teeth should be examined by a professional to determine if they will need dentistry work each year. Depending on your horse’s history and performance, other routine testing or examinations may be recommended.

**Coggin’s History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Cost | Veterinarian | Serial No. | Result |
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**Dental Exam/Floating**

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| Date | Cost | Veterinarian | Description | Recommendations  |
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**Blood Work/Lab Tests**

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| Date | Cost | Veterinarian | Test | Result | Recommendations  |
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**Horse Care**

**Routine Veterinary Care**

A Coggin’s test should be pulled on your horse each year. Your horse’s teeth should be examined by a professional to determine if they will need dentistry work each year. Depending on your horse’s history and performance, other routine testing or examinations may be recommended.

**Coggin’s History**

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| --- | --- | --- | --- | --- |
| Date | Cost | Veterinarian | Serial No. | Result |
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**Dental Exam/Floating**

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| Date | Cost | Veterinarian | Description | Recommendations  |
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**Blood Work/Lab Tests**

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| Date | Cost | Veterinarian | Test | Result | Recommendations  |
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**Horse Care**

(Record all vaccinations. Add sheets if needed.)

**Vaccination Records:**

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| --- | --- | --- | --- | --- | --- |
| Date | Cost | Veterinarian | Vaccine Given | Location | Reactions/Comments  |
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**Typical Vaccination Recommendations**

Always consult with your veterinarian to determine if your horse should be protected against the following diseases and when the vaccines are most effective. Ensure that horse is vaccinated against mosquito spread diseases in early spring and again in the fall if living in an area where insects are still prevalent in the winter.

**Consider vaccinating for…**

Tetanus (TET), Eastern Equine Encephalomyelitis (EEE), Western Equine Encephalomyelitis (WEE), West Nile Virus (WNV), Rabies, Influenza (FLU), Herpes virus, Potomac Horse Fever (PHF), Botulism, Equine Viral Arteritis (EVA), Strangles and Rhinopneumonitis.

**Horse Care**

(Record all vaccinations. Add sheets if needed.)

**Vaccination Records:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Cost | Veterinarian | Vaccine Given | Location | Reactions/Comments  |
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**Typical Vaccination Recommendations**

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**Horse Care**

(Record all non-routine vet visits, dental work, HA/cortisone injections, chiropractic adjustments, acupuncture and other alternative treatments. Add sheets if needed.)

**Veterinary and Other Health Care Records:**

|  |  |
| --- | --- |
| Date | Reason for Visit & Description of Concern |
|  |  |
| Vet or Health Professional |
|  |
|  | Test Results & Treatment Recommendations |
| Cost |  |
|  |
| Follow Up? |
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|  |  |
| --- | --- |
| Date | Reason for Visit & Description of Concern |
|  |  |
| Vet or Health Professional |
|  |
|  | Test Results & Treatment Recommendations |
| Cost |  |
|  |
| Follow Up? |
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| --- | --- |
| Date | Reason for Visit & Description of Concern |
|  |  |
| Vet or Health Professional |
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|  | Test Results & Treatment Recommendations |
| Cost |  |
|  |
| Follow Up? |
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| --- | --- |
| Date | Reason for Visit & Description of Concern |
|  |  |
| Vet or Health Professional |
|  |
|  | Test Results & Treatment Recommendations |
| Cost |  |
|  |
| Follow Up? |
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**Horse Care**

(Record all non-routine vet visits, dental work, HA/cortisone injections, chiropractic adjustments, acupuncture and other alternative treatments. Add sheets if needed.)

**Veterinary and Other Health Care Records:**

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| Date | Reason for Visit & Description of Concern |
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| Vet or Health Professional |
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|  | Test Results & Treatment Recommendations |
| Cost |  |
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| Follow Up? |
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| Date | Reason for Visit & Description of Concern |
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| Vet or Health Professional |
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|  | Test Results & Treatment Recommendations |
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| Date | Reason for Visit & Description of Concern |
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| Vet or Health Professional |
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| Date | Reason for Visit & Description of Concern |
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| Vet or Health Professional |
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|  | Test Results & Treatment Recommendations |
| Cost |  |
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| Follow Up? |
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**Tack and Equipment**

(Review each season & update or add sheets if needed)

**Saddle**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SaddleType | Make/Modelif known | Seat Size | Gullet Size | Girth Length | Channel Width | Stirrup Width | Leathers Length |
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**Saddle Specific Equipment** (Martingale/Pad/Shims/Crupper)

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| --- | --- | --- | --- |
| Saddle | Equipment Type | Description | Purpose |
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**Bridle and Fit**

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| --- | --- | --- | --- | --- | --- |
| Bridle | Nose Band | Crown Piece | Throat Latch | Brow Band | Bit |
| Type | Size | Type | Hole | Hole | Hole | Size | Type | Size |
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**Halters/Lead Ropes**

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| Equipment Type | Material | Color | Size/Length |
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**Longeing/Training Equipment**

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| Equipment Type | Description | Purpose |
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**Boots & Leg Protection**

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| Boots/Wraps | Size | Description | Purpose/Discipline |
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**Blankets/Sheets/Turnout Equipment**

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| Equipment Type | Purpose | Comments or Notes |
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**Dates Reviewed**

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**Tack and Equipment Care**

(Track the date of cleaning and care of equipment add sheets if needed)

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| Equipment | Cleaned | Repaired | By Whom | Comments | Cost |
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**Tack and Equipment Care**

(Track the date of cleaning and care of equipment add sheets if needed)

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| Equipment | Cleaned | Repaired | By Whom | Comments | Cost |
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**Haul Vehicle and Horse Trailer Care**

(Track the dates of all truck/trailer maintenance if you or your family use a truck/trailer to haul your mount. If you do not own a trailer, maintain a record of the companies or individual who haul your horse. Add sheets if needed.)

**Haul Vehicle**

Year: \_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Plate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Towing Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trailer**

Year: \_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hitch Type: \_\_\_\_\_\_\_\_\_ Horse Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_ Equipment Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Insurance & Roadside Assistance**

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Vehicle | Maintenance Done | By Whom | Comments | Cost |
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**Alternative Hauling**

Hauling Company or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capacity: \_\_\_\_\_\_\_\_\_\_ Rates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hauling Company or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capacity: \_\_\_\_\_\_\_\_\_\_ Rates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hauling Company or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capacity: \_\_\_\_\_\_\_\_\_\_ Rates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Haul Vehicle and Horse Trailer Care**

(Track the dates of all truck/trailer maintenance if you or your family use a truck/trailer to haul your mount. If you do not own a trailer, maintain a record of the companies or individual who haul your horse. Add sheets if needed.)

**Haul Vehicle**

Year: \_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Plate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Towing Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trailer**

Year: \_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hitch Type: \_\_\_\_\_\_\_\_\_ Horse Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_ Equipment Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Insurance & Roadside Assistance**

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Vehicle | Maintenance Done | By Whom | Comments | Cost |
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**Alternative Hauling**

Hauling Company or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capacity: \_\_\_\_\_\_\_\_\_\_ Rates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hauling Company or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capacity: \_\_\_\_\_\_\_\_\_\_ Rates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hauling Company or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capacity: \_\_\_\_\_\_\_\_\_\_ Rates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses**

(Record all horse related expenses and calculate totals. Add sheets if needed.)

|  |  |
| --- | --- |
| Month: | Cost |
| Date | Description | Farrier, Vet, & Other Health | Feed & Stable Management | Tack & Equipment | Instruction & Competition |
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| Total Expenses: | SubTotals: |  |  |  |  |

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| Month: | Cost |
| Date | Description | Farrier, Vet, & Other Health | Feed & Stable Management | Tack & Equipment | Instruction & Competition |
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| Total Expenses: | SubTotals: |  |  |  |  |

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| Month: | Cost |
| Date | Description | Farrier, Vet, & Other Health | Feed & Stable Management | Tack & Equipment | Instruction & Competition |
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| Total Expenses: | SubTotals: |  |  |  |  |

**Expenses**

(Record all horse related expenses and calculate totals. Add sheets if needed.)

|  |  |
| --- | --- |
| Month: | Cost |
| Date | Description | Farrier, Vet, & Other Health | Feed & Stable Management | Tack & Equipment | Instruction & Competition |
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| Total Expenses: | SubTotals: |  |  |  |  |

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| Month: | Cost |
| Date | Description | Farrier, Vet, & Other Health | Feed & Stable Management | Tack & Equipment | Instruction & Competition |
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| Total Expenses: | SubTotals: |  |  |  |  |

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| Month: | Cost |
| Date | Description | Farrier, Vet, & Other Health | Feed & Stable Management | Tack & Equipment | Instruction & Competition |
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| Total Expenses: | SubTotals: |  |  |  |  |

**Income**

Outside of normal expenses, what horse related items/experiences are you saving up for? Why?

What is the cost?

If it is time sensitive, when do you need to purchase it?

**Income/Saving Opportunities**

(when you reach your saving goal, start on a new one)

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| Date | Description | Income | Amount Left? |
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**Income**

Outside of normal expenses, what horse related items/experiences are you saving up for? Why?

What is the cost?

If it is time sensitive, when do you need to purchase it?

**Income/Saving Opportunities**

(when you reach your saving goal, start on a new one)

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**Mounted Goals**

(Review each seaon & update or add sheets if there are changes)

Great Big Ultimate Goal for the year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you get there?

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| --- | --- | --- |
| Measureable Mini Goal | Achieve By | Completed |
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Endurance/Stamina Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan to improve the cardiovascular fitness of your horse.

Jumping/Speed/Dressage Movement Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to improve the core strength and topline of your horse.

Bending/Suppleness Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to improve the suppleness and flexibility of your horse.

Rider Fitness Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to improve the balance, flexibility, and strength of yourself.

Respect/Responsiveness to Aids Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to improve the connection and communication between you and your horse.

**Unmounted Goals**

(Review each season & update or add sheets if there are changes)

Great Big Ultimate Goal for the year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you get there?

|  |  |  |
| --- | --- | --- |
| Measureable Mini Goal | Achieve By | Completed |
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Land Conservation Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to volunteer and improve or sustain the land or facility where you ride.

Teaching Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to improve your teaching within Pony Club either unmounted or mounted.

Stable Management Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to improve the area where your mount lives or the tack/equipment you use.

HM Learning Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan to improve your knowledge of horse management topics.

**Conditioning Plan**

Create a conditioning plan that starts 6-7 weeks before the target date. Describe your regular warm-up & cool-down. Include the exercises you will incorporate, and the length/pace/time for each aspect of your ride. Each day determine if your conditioning plan will focus on cardiovascular fitness, explosive power/strength, suppleness, mental confidence, learning a new skill, or rest/recovery? (Review each season & add sheets if there are changes.)

Target Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Describe the sport/activity you are conditioning for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warm-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cool-down: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week 1

|  |  |  |
| --- | --- | --- |
| **Day** | **Description** | **Focus** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

Week 2

|  |  |  |
| --- | --- | --- |
| **Day** | **Description** | **Focus** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

Week 3

|  |  |  |
| --- | --- | --- |
| **Day** | **Description** | **Focus** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

Week 4

|  |  |  |
| --- | --- | --- |
| **Day** | **Description** | **Focus** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

Week 5

|  |  |  |
| --- | --- | --- |
| **Day** | **Description** | **Focus** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

Week 6

|  |  |  |
| --- | --- | --- |
| **Day** | **Description** | **Focus** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

Week 7

|  |  |  |
| --- | --- | --- |
| **Day** | **Description** | **Focus** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

**Mounted Activities Log**

Record your training or conditioning rides, lessons, mounted meetings, clinics, and competitions. (Add more sheets as needed.)

|  |  |  |
| --- | --- | --- |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |

**Mounted Activities Log**

Record your training or conditioning rides, lessons, mounted meetings, clinics, and competitions. (Add more sheets as needed.)

|  |  |  |
| --- | --- | --- |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |
| Date: | Description/Goal | Struggles/Achievements |
| Location: |  |  |
| Coach: |
| Cost: |
| Focus: |
| TPR Post Work |
|  |  |  |
| Recovery: |

**Unmounted Activities Log**

Record your unmounted meetings, unmounted clinics, teaching, ground work/longeing exercises, bathing/clipping, tack/equipment cleaning, stall/paddock cleaning, land conservation activities, and any other horse related learning. (Add new sheets when needed.)

|  |  |  |
| --- | --- | --- |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |

**Unmounted Activities Log**

Record your unmounted meetings, unmounted clinics, teaching, ground work/longeing exercises, bathing/clipping, tack/equipment cleaning, stall/paddock cleaning, land conservation activities, and any other horse related learning. (Add new sheets when needed.)

|  |  |  |
| --- | --- | --- |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |
| Date: | Topic/Description | Comments |
| Location: |  |  |
| Cost: |
| Instructor: |
| Source: |