



Cape May County 4 -H Horse Project Record

Youth Name: _				4-H Project Year 20 to 20
	Club I	Meetii	ng Att	endance
Date of	f Meeting	Date o	of Meeting	Date of Meeting
(include al				Activities ties attended for this project))
Date	Activity	'Event		What You Did

Project Goals

List 3 project-specific goals you set for yourself at the beginning of the year	Describe how you did or did not do in reaching these goals

Animal Care and Management

(Describe the care you provided for your animals)

Daily	Weekly	Monthly	Yearly

Horse Record

Please include photos on additional page

Stable Name	Registered Name	Breed	Birthdate	Date Horse Acquired	Sex	Color	Height	Approx Weight	Owned or Lease/ Borrowed

Project Feed Expenses Health Management Practices

Date	Type of Feed	Cost
	TOTAL	

Date	Animal	Vaccinations, deworming, teeth floating, etc	Cost
		TOTAL	

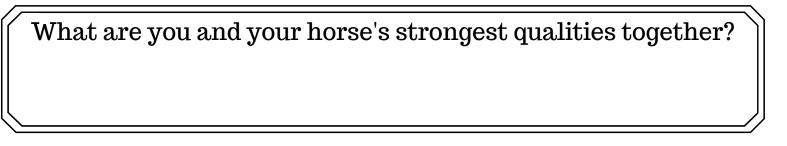
Other Project Expenses

Date	Animal	Equipment, Show Expenses, etc.	Cost
		TOTAL	

Profit/Loss

Total of all Expenses	
Any Income	
Profit Loss	

Project Evaluation



What do you and your horse need to work on to improve?

What did you learn from your horse project this year?

What did you most enjoy about your 4-H Club?

What is something that could be improved with your 4-H club?

Name one way you can apply the knowledge you gained from your horse project to 4-H projects and/or life goals?

Parent/Guardian Comments

Parent/Guardian Signature	Date	

Club Leader Comments

Club Leader Signature	Date

Ph	ot	OS