



**Dental Care** Equine Dentist's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Date	Procedure Done	Cost

**Deworming**

Date	Product Name/Brand	Cost	Type

**Hoof Care Farrier's** Name: \_\_\_\_\_ Phone \_\_\_\_\_

Date	Work Performed	Describe	Cost
	___ Shoes ___ Trim ___ Treatment		
	___ Shoes ___ Trim ___ Treatment		
	___ Shoes ___ Trim ___ Treatment		
	___ Shoes ___ Trim ___ Treatment		
	___ Shoes ___ Trim ___ Treatment		
	___ Shoes ___ Trim ___ Treatment		

## Feeding and Bedding Summary

Is your horse kept at your home? Yes Or No
Horses should always have access to clean fresh water. True or False
What do you feed your project animal(s), and how often? (Hay/Grain/Supplements)
Estimated monthly cost to care for your equine project(s): (Board/Hay/Grain/Supplements/Bedding Etc.)
What have you done to prepare your project animal(s) for the fair?

Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*CHECKOUT AFTER 10PM SATURDAY NIGHT OR BEFORE  
10 AM SUNDAY MORNING\*\***

Stall checked and cleared to leave by HHL: \_\_\_\_\_