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EQUESTRIAN PROJECT

GRANGE YOUTH FAIR PROGRAM



EQUESTRIAN PROJECT

SPECIES: _____

EXHIBITOR: _____

PROJECT LEADER: _____

PROJECT YEAR: _____

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BUDGET & PROFIT / LOSS STATEMENT

NAME	
PROJECT YEAR	
PROJECT LEADER	

EXPENSES

ANIMAL		BUDGET	ACTUAL
STARTING WEIGHT			
X PRICE PER POUND		\$	\$
= TOTAL COST OF ANIMAL		\$	\$
SUBTOTAL #1			\$

FEED TYPE	FEED AMOUNT	BUDGET COST PER POUND	ACTUAL COST PER POUND	TOTAL COST
			\$	\$
			\$	\$
			\$	\$
			\$	\$
SUBTOTAL #2				\$

VETERINARY CARE	TYPE	BUDGET	ACTUAL
		\$	\$
		\$	\$
Subtotal #3			\$

OTHER COSTS	TYPE	BUDGET	ACTUAL
Fair Expenses			
Hauling			
Supplies			
Equipment			
Housing			
Other (Itemize)			
Subtotal #4			\$

INCOME REVENUE

SALE WEIGHT	PRICE PER POUND	BUDGET	ACTUAL

OTHER INCOME TYPE	DATE	BUDGET	ACTUAL

PROFIT & LOSS

INCOME/REVENUE			
SALE INCOME	SUBTOTAL #1		
OTHER INCOME	SUBTOTAL #2		
		TOTAL INCOME	

EXPENSES			
ANIMAL	SUBTOTAL #1		
FEED	SUBTOTAL #2		
VETERINARY	SUBTOTAL #3		
OTHER COSTS	SUBTOTAL #4		
		TOTAL EXPENSES	

NET PROFIT / (LOSS)	\$
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PROJECT LESSON / MEETING LOG

The Project Log is required for all Exhibitors. List all meetings, participation, description of activities throughout the project. Use as many sheets as necessary for an accurate log of the project.

NAME:	PROJECT YEAR:
TYPE OF PROJECT:	PROJECT LEADER:

FEEDS AND FEEDING

Record what feed your horse is receiving, quantities, and any adjustments necessary for your feeding program.

DATE	TYPE OF FEED	AMOUNT OF FEED	TIME AM / PM

HORSE HEALTH RECORD

This section is to record all elements related to the horse's health.

VET VISITS AND MEDICATIONS LOG VETERINARY VISITS

DATE	SYMPTOM	VET NAME	DIAGNOSIS	MEDICATION	DOSE	WITHDRAWAL PERIOD
Other treatment:						

DATE	SYMPTOM	VET NAME	DIAGNOSIS	MEDICATION	DOSE	WITHDRAWAL PERIOD
Other treatment:						

DATE	SYMPTOM	VET NAME	DIAGNOSIS	MEDICATION	DOSE	WITHDRAWAL PERIOD
Other treatment:						

DATE	SYMPTOM	VET NAME	DIAGNOSIS	MEDICATION	DOSE	WITHDRAWAL PERIOD
Other treatment:						

DATE	SYMPTOM	VET NAME	DIAGNOSIS	MEDICATION	DOSE	WITHDRAWAL PERIOD
Other treatment:						

HOOF CARE LOG

DATE	FARRIER	SERVICE(S) PROVIDED	CHANGES (IF ANY)

WORMING RECORD

DATE	BRAND OF WORMER	TYPE OF WORMER	DOSE

HORSE SHOW RECORD

Complete one record per horse. List only those classes in which you showed your horse. Use additional sheets as necessary.

DATE	SHOW	LOCATION	CLASS	DIVISION	PLACING

OWNERSHIP / LEASE RECORD

HORSE INFORMATION	
REGISTERED NAME:	
REGISTRY NUMBER:	
BREED:	
SEX OF ANIMAL:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DOB:	
BRAND / TATTOO	
COLOR / HEIGHT / MARKINGS	
NAME OF SIRE:	
SIRE REGISTRY NUMBER:	
NAME OF DAM:	
DAM REGISTRY NUMBER:	

BREEDER INFORMATION		OWNER INFORMATION	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE NUMBER		PHONE NUMBER	
		DATE OF PURCHASE	

LEASE INFORMATION	
TYPE OF LEASE	
BEGINNING DATE	
ENDING DATE	
LESSEE NAME:	
LESSEE ADDRESS:	
LESEE PHONE NUMBER:	
LESSOR NAME:	
LESSOR ADDRESS	
LESSOR PHONE NUMBER	
TERMS OF LEASE	

SUMMARY REPORT

Summarize your project by including why you picked this project, what you wanted to learn, what you did learn, and how you will apply those lessons in the future.

SUMMARY OF THINGS MADE, RAISED, GROWN OR IMPROVED

PHOTOGRAPHS

