

El Dorado County 4-H Horse Camp Horse/Pony Information Sheet

Member Name: _____ Club: _____

Name of Horse/Pony bringing to camp: _____

Horse/Pony Age _____ Horse/Pony Owner Name _____

In Case of Emergency:	
Vet Name _____	Phone _____
Second Choice Vet: _____	Cell Phone: _____

Date of horse/pony last vaccinations:

Tetanus _____ Influenza _____ Encephalitis _____ West Nile _____

Date your horse/pony was last de-wormed _____

Has the horse/pony had any of the following problems? Please answer Yes or No:

Colic _____ Foundered _____ Choke _____ Lameness _____

If Yes to any, please explain: _____

Any other medical problems? If so, Please explain: _____

Is the horse/pony on any medications? Yes No

If yes, all medications must be in properly labeled bottle from veterinarian with instructions for use and listing the horse's name. All horse medication will be kept with the barn supervisor who will supervise its use.

Does the horse/pony have any stable vices? Yes No

If yes, please explain: _____

What is the horse/pony usually used for? Show Gymkhana Trail Riding

Other (explain): _____

How often is this horse/pony ridden by this 4-H member? _____

Has this horse/pony ever been kept in a stall? Yes No

Does the horse/pony drink well when not at home? Yes No

Does the horse/pony need lounge prior to being ridden by the 4-H member? Yes No

Does the 4-H member . . . (mark appropriate box)

Task	Always	Sometimes	Never
Take care of the horse/pony			
Clean out the stall			
Feed & water the horse/pony			
Groom the horse/pony			
Saddle the horse/pony			
Bridle the horse/play			

Are there any other comments that you feel would help the Camp Staff assist this 4-H Member and their horse/pony?
