



# 4-H Horse and Pony Record Grade 4



4-H 901 B

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Record for Year \_\_\_\_\_

Name \_\_\_\_\_ Grade in School \_\_\_\_\_

Address \_\_\_\_\_  
(Street, Rural Route) City State Zip

County \_\_\_\_\_ Club \_\_\_\_\_ Township \_\_\_\_\_

Years in 4-H \_\_\_\_\_ Years in Horse and Pony \_\_\_\_\_  
(including this year) (including this year)

This Record is for:

Name of Animal \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Breed or type \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Markings \_\_\_\_\_

Draw your horse's markings on the diagram or include a picture of your horse.



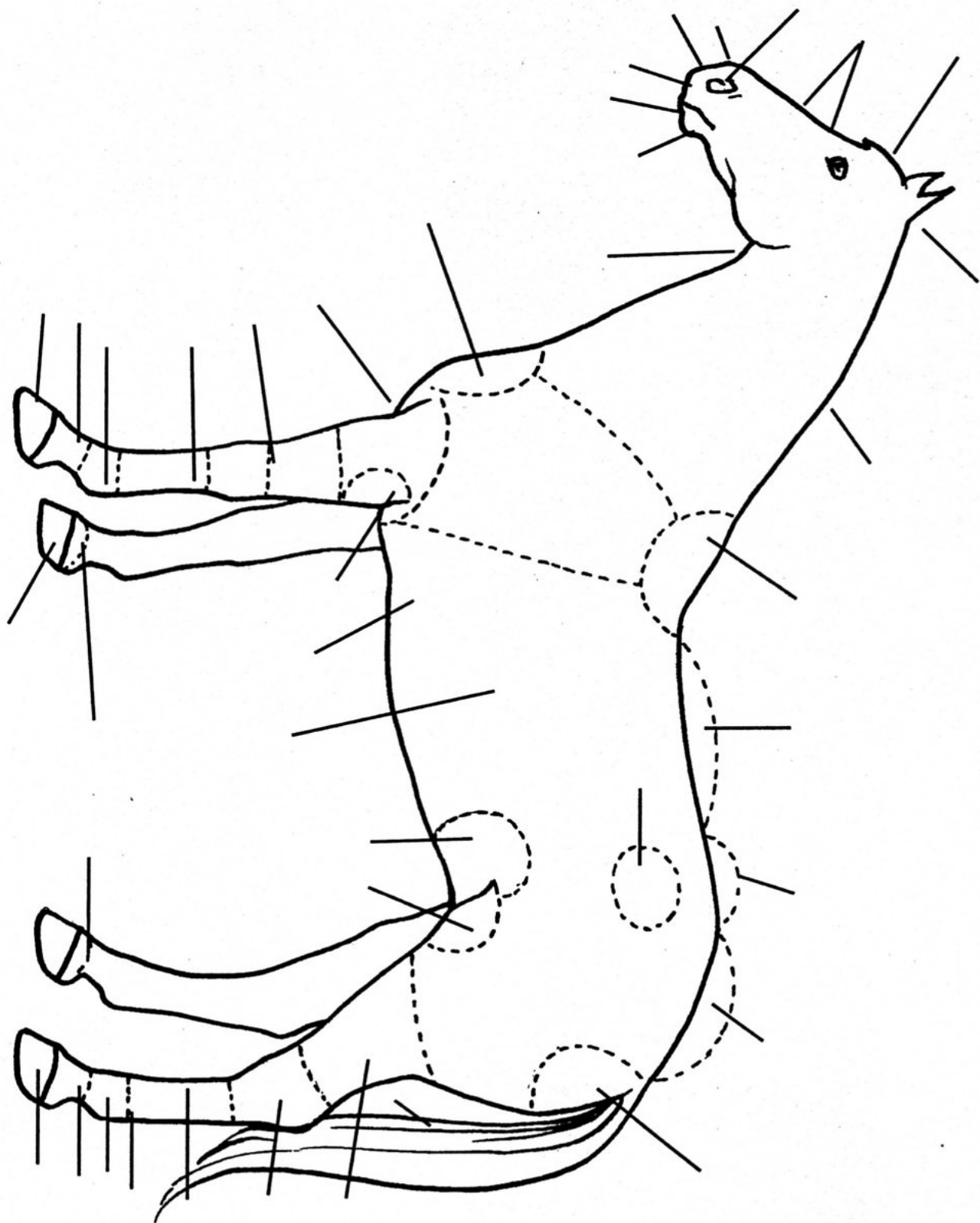
I have reviewed this record and believe it to be correct.

Signature of Horse & Pony Leader \_\_\_\_\_

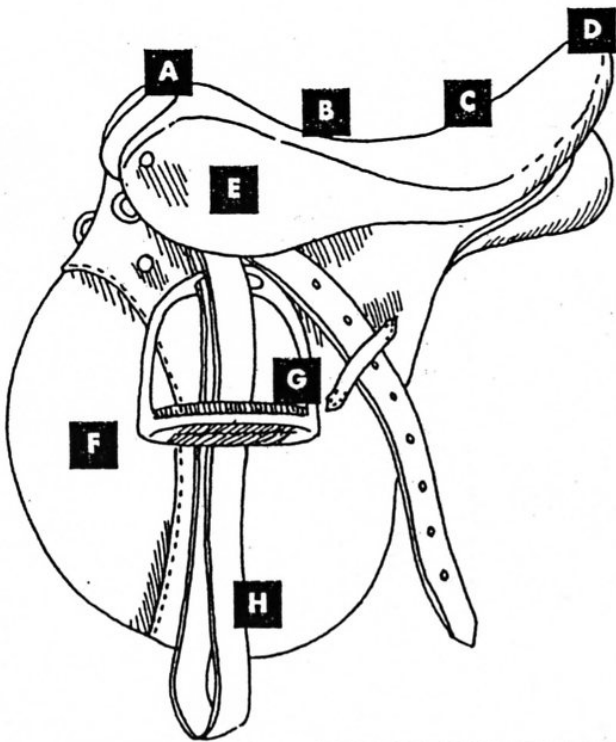
Date \_\_\_\_\_

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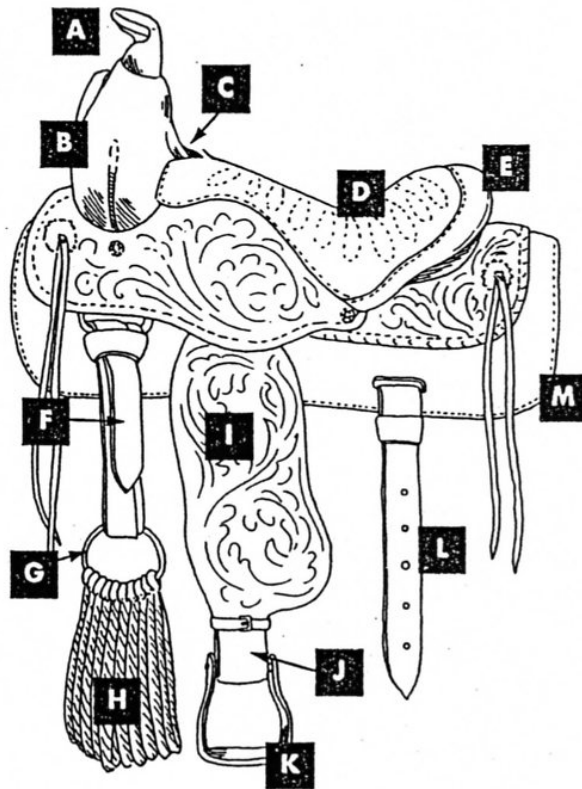
AN ENGLISH SADDLE



- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_

IDENTIFY THE PARTS OF  
A WESTERN SADDLE

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- M \_\_\_\_\_



## Grade 4

**Colors & Markings:** Place the appropriate color with the following descriptions.

Bay

Black

Brown

Chestnut

Palomino

\_\_\_\_\_ Ranges from tan, through red to reddish brown; mane and tail black; black on lower legs.

\_\_\_\_\_ Dark red or brownish-red; mane and tail same as body color or flaxen.

\_\_\_\_\_ Brown, or black with light areas at the muzzle, eyes, flank, and inside upper legs; mane and tail brown or black.

\_\_\_\_\_ Golden yellow; mane and tail white; no dorsal stripe.

\_\_\_\_\_ True black without light areas; mane and tail black.

## **Unsoundnesses and Blemishes:**

Unsoundness is any deviation in structure that interferes with the usefulness of an individual. A blemish is an abnormality that may detract from the appearance of the animal, but does not affect its usefulness. Many horses will have blemishes, but will be sound. Place the appropriate term with the descriptions listed below.

Back at the knees

Bog spavin

Bowlegged

Corn

Poll evil

\_\_\_\_\_ When viewed from behind, the horse toes in at the hoof, and the hocks turn out. Such horses usually more wide at the hocks, with a lateral twist to their hocks, often referred to as rotating the hocks. This conformation makes collected performance extremely difficult, and often causes early unsoundness in the hocks due to the inability to withstand the increased strain. (brandy legs)

\_\_\_\_\_ An inflamed condition in the region of the poll usually caused by bruising the top of the head. The swelling usually contains pus or straw-colored fluid.

\_\_\_\_\_ A soft filling under the skin along the natural depression on the inside and front of the hock. A bog spavin is much larger than a blood spavin, but often less serious.

\_\_\_\_\_ A bruise of the soft tissue underlying the horny sole of the foot seen as a reddish discoloration of the sole immediately below the affected area. Fast work on hard or rough surfaces, flat soles, weakened bars, and poor shoeing may cause corns.

\_\_\_\_\_ When viewed from the side, the knee flexes back toward the body. This conformation puts excessive stress on the carpal joint and the tendons, and affected horses are more likely to develop bowed tendons and knee chips. (calf-kneed or behind at the knees.)

Grade 4

**4-H Rules: Fill in the blank.**

1. What is not permitted during individual color guard routines?

Answer: \_\_\_\_\_

2. A 4-H member who is a junior is in what grade?

Answer: \_\_\_\_\_

3. What is the term used to describe a western two-beat diagonal gait?

Answer: \_\_\_\_\_

4. What is the date a horse or pony is considered another year older?

Answer: \_\_\_\_\_

5. How many inches are in one hand?

Answer: \_\_\_\_\_

6. In the jumper class, how many faults are given if any part of the animal or rider knocks down an obstacle, any portion of an obstacle, timer or cones?

Answer: \_\_\_\_\_

7. What are the gaits asked for in the western pleasure classes?

Answer: \_\_\_\_\_

8. What is the penalty for knocking down two barrels in a barrel race?

Answer: \_\_\_\_\_

9. Approved protective headgear is required in what 4-H classes?

Answer: \_\_\_\_\_

10. What is the maximum length of a crop?

Answer: \_\_\_\_\_

11. What type of saddle is required for 4-H open jumping?

Answer: \_\_\_\_\_

12. What is the penalty for a jumper if a fallen obstacle is jumped before it is reset?

Answer: \_\_\_\_\_

Grade 4

**4-H Rules: Fill in the blank. (con't)**

13. How many poles are there in a pole-bending pattern?

Answer: \_\_\_\_\_

14. What may be at the judge's discretion in reining?

Answer: \_\_\_\_\_

15. What is the attire for western halter?

Answer: \_\_\_\_\_  
\_\_\_\_\_

16. What is the penalty for knocking over one barrel in the barrel race?

Answer: \_\_\_\_\_

17. Which way do roadsters enter the arena at a jog trot?

Answer: \_\_\_\_\_

**Equitation: Fill in the blank.**

1. What are the four C's of arena riding?

Answer: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

2. Give the name for the three beat gait.

Answer: \_\_\_\_\_

3. What is man's most effective way of communicating with a horse?

Answer: \_\_\_\_\_

**What are the words to the 4-H pledge?**

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The Indiana Veterinary Medical Association (IVMA) Equine Committee Preventative Medicine Program Recommendations are as follows:

1. Tetanus Toxoid: 2 primary injections followed by an annual booster.
2. Eastern and Western Encephalomyelitis (Sleeping Sickness): 2 primary injections followed by an annual booster.
3. Influenza / Rhinopneumonitis (Flu / Rhino): 2 primary injections followed by boosters every 90 days and at least 14 days before show or exposure to other horses.
4. Deworming: Consult with a veterinarian about products, frequency and rotation for deworming.
5. Potomac Horse Fever: Semi annual injections – most important in the spring.
6. Streptococcus equi (Strangles): Discuss possible vaccinations with your veterinarian.

## **Disease information:**

### **Tetanus:**

An acute, infectious disease that is the result of a toxin produced by the bacterium *clostridium tetani*, which enters wounds of any nature. The vaccination is a modified toxin that stimulates an immune response. The initial vaccination is followed by a second dose in four to six weeks. It is given annually thereafter. Convulsions, respiratory arrest and cardiac arrest could all precede death in tetanus.

### **Eastern and Western Encephalomyelitis:**

This acute viral disease of rodents, birds, horses and man, is transmitted by the mosquito. The vaccine is a combination of killed viruses. Initial vaccination is followed by a second dose in two to three weeks or four to six weeks, depending on vaccine used. An annual revaccination is given thereafter. If vaccinated properly and at the correct time of year, the vaccine will protect your horse for the season.

### **Equine Influenza:**

Equine influenza is a common disease that causes acute respiratory disease signs in horses. The clinical signs caused by equine influenza are fever (102.5 to 106.5 degrees F), frequent dry cough, nasal discharge, dehydration, lethargy, anorexia and possible secondary bacterial pneumonia. Myxovirus is a group of RNA viruses including those that cause influenza and mumps.

### **Rhinopneumonitis:**

This is a viral disease with three faces: respiratory disease, abortion, and a disease of the nervous system that can cause paralysis. It was once thought all of these problems were caused by the same rhino virus, but there are two rhino viruses involved in this disease: equine herpesvirus-1 and equine herpesvirus-4. EHV-1 protects horses against abortion and possibly the paralysis form. EHV-4 protects horses against the respiratory form, which accounts for more than 46 percent of respiratory disease in the horse, according to recent research.

### **Worming:**

Parasite control is of utmost importance in maintaining your horse's health and helping prevent intestinal damage. De-worming is recommended every eight weeks, with bot de-worming done in the late fall or early winter. The reason for worming every 8 weeks is that after 10-12 weeks your horse no longer has larvae in his gut; they will have become real worms. If you can't afford to tube-worm every eight weeks, alternate worming with tube and with a good paste wormer. If you do nothing else for your horse, please do this.

### **Potomac Horse Fever:**

This is a seasonal disease seen generally in the summer months. It had been reported in 33-plus states as of summer 1998. The disease is characterized by high fever, severe diarrhea, malaise, depression, anorexia and very often a severe founder that can affect all four feet. It has a high mortality rate. There is now an annual vaccine for the prevention of this disease. It is best to give one in early spring. Initial vaccination is followed by a booster in three to four weeks and annual re-vaccination thereafter.

### **Strangles:**

This contagious bacterial disease of the horse affects the upper respiratory tract with abscessation of the lymph nodes, especially in the upper neck and throat region. Normally horses 1-5 years of age are affected by strangles. A killed bacterin is available. Initial vaccination is followed by a booster in three weeks and a third booster in six weeks from the initial vaccine. Annual re-vaccination is given thereafter. Another vaccine for strangles recommends initial dose repeated in three to four weeks and annually. This is not to be given in the face of an outbreak or at a facility where there was a confirmed case for one year after the case was diagnosed.



## **Teeth:**

An often neglected area of horse health is proper dental care. The sharp points on a horse's teeth must be "floated" {rasped} to prevent ulceration of the oral cavity and to allow a horse to chew and digest food properly. This should be done every 12 months, depending on how rapidly your horse wears down his/her teeth.

## **Foot Care:**

Horses' feet should be trimmed on a routine basis, generally every six to nine weeks.

## **How to inject**

Knowing how to give an injection is every bit as important as knowing when and where to inject. By following proper procedures, you not only ensure safety and sterility, but make the injection process as painless as possible for your horse and as easy as possible for you. Here are the main steps to remember when vaccinating:

1. Use a 20- to 22- gauge, 1.5" needle. A 22-gauge needle is smaller in diameter so your horse may object less to vaccinations given with this size of needle.
2. Use a new, sterile needle for each horse to maintain sterility and avoid the spread of bacteria and viruses.
3. Keep the needle sheathed until immediately before the injection. It is extremely easy to stick yourself, another person or simply to contaminate the needle.
4. Disinfect the skin with alcohol. Tap the skin a few times and then thrust the needle in quickly, deep into the muscle, straight in all the way to the hub.
5. Carefully attach the syringe to the inserted needle. Pull back the plunger to insure that you are not in a blood vessel. Blood will come back into the needle hub or syringe if you are. If this happens, withdraw the needle and try again.
6. If you are injecting a large volume of medication (for example, an antibiotic), you should not put more than about 20 to 30 ml in one site. You can divide the medication into two separate injection sites.
7. Massage the site for 30 to 60 seconds after injection to help distribute the medication and avoid soreness.
8. If the injection was a vaccination, allow the horse plenty of rest and free exercise for 2 to 3 days. Remember, your horse may experience soreness and lethargy after an injection, the same as may occur after you have had an injection or vaccination.

## Where to inject

There are four injection sites where a vaccine or medication may be placed in a horse.

### Chest or pectoral region

The advantage of this area is that it is easy to reach. The disadvantage is that the horse may strike you. There also may be post-injection swelling and pain that make it difficult for the horse to walk.

### Neck region

This area is frequently used. However, extreme care must be exercised not to inject too high in the neck into the large ligament (ligamentum nuchae), or inject too low in the neck close to the cervical vertebrae (neck bones) and surrounding nerves. Either of which may cause stiffness, pain and swelling at the injection site. The jugular area should be avoided because important nerves and blood vessels are in this area.

### Gluteal or hip region

The advantage of this area is that it is easy to reach. The disadvantage is if the post-injection abscess develops, it will not drain properly and is very difficult to treat.

### Hindleg or hamstring region

The advantage here is two fold. The hamstring is a very large, free-moving muscle and it is easy to reach. The disadvantage is that there may be an increased risk of being kicked.

