



# 4-H Horse and Pony Record Grade 7



4-H 901 B

Clint Rusk, Extension Specialist, 4-H Youth Development, Colleen Brady, Extension Specialist, 4-H Youth Development, Carla Kerr, Department of 4-H Youth, and Mark Russell, Extension Horse Specialist, Department of Animal Sciences.

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.

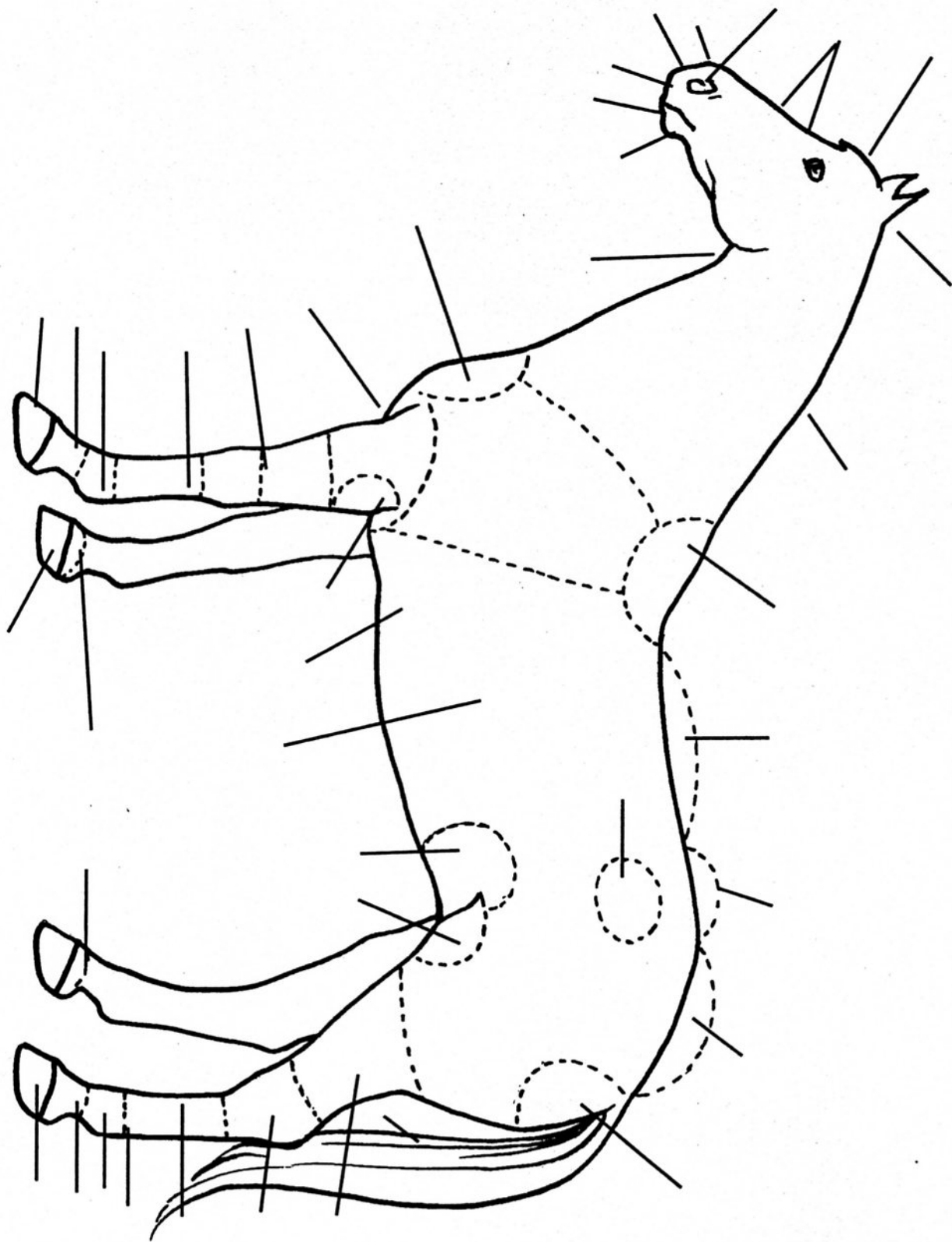


I have reviewed this record and believe it to be correct.

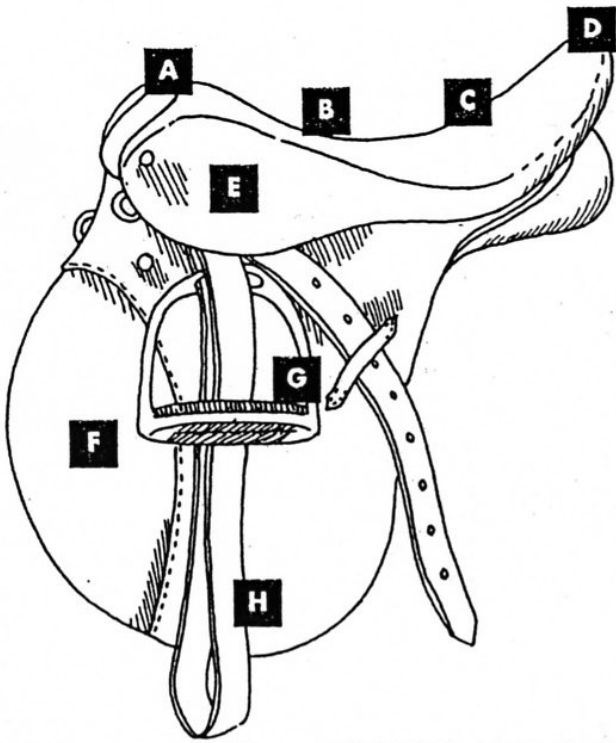
Signature of Horse & Pony Leader \_\_\_\_\_

Date \_\_\_\_\_

It is the policy of the Purdue University Cooperative Extension Service, David C. Petritz, Director, that all persons shall have equal opportunity and access to the programs and facilities without regard to race, color, sex, religion, national origin, age, marital status, parental status, sexual orientation, or disability. Purdue University is an Affirmative Action employer. This material may be available in alternative formats.



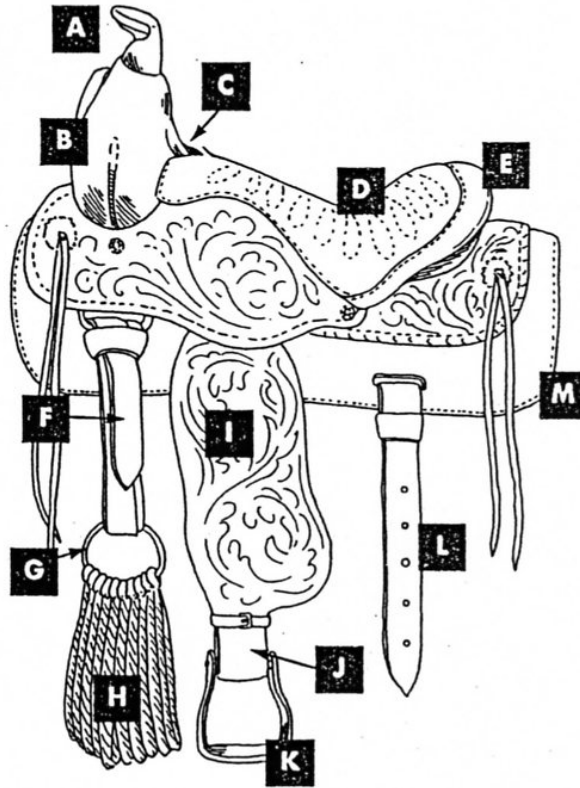
AN ENGLISH SADDLE



- 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 7

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

Pinto Tobiano

Dun

Pinto Tobiano-Overo (Tovero)

Pinto Overo

\_\_\_\_\_ Yellowish or gold; mane and tail black or brown; dorsal stripe; zebra stripes on legs; transverse stripe over withers.

\_\_\_\_\_ May have any of the basic body colors, but in addition has a white pattern superimposed on the color; white does not cross the topline, one or more legs are dark, head is often bald-faced, markings are irregular, tail is one color.

\_\_\_\_\_ May have any of the basic body colors, but in addition has a white pattern superimposed on the color; a combination of the tobiano and overo patterns; a definite pattern does not exist.

\_\_\_\_\_ May have any of the basic body colors, but in addition has a white pattern superimposed on the color; white crosses the topline, all legs are white, head has minimal white, body spots are regular, tail can be two colors.

Yes or No The American Paint Horse is a stock type breed that exhibits the pinto color pattern. The pinto is the color pattern, and appears in several breeds of horses and ponies. A Paint is a pinto, but a pinto is not necessarily a Paint.

**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.

Blood spavin

Bowed tendons

Contracted heels

Overbite

Quittor

\_\_\_\_\_ A heritable unsoundness resulting in the lower jaw being shorter than the upper jaw. (parrot mouth or overshot jaw)

\_\_\_\_\_ A varicose vein enlargement that appears on the inside of the hock and immediately above the location of a bog spavin. This can cause lameness and damage to the hock.

\_\_\_\_\_ An active, seeping sore at the coronet of the hoof, usually over the area of lateral cartilage. Normally confined to the forefeet, this condition can cause a long-lasting lameness.

\_\_\_\_\_ A thickened, ruptured area of tendons and ligaments (usually the superficial flexor tendon, deep flexor tendon, and suspensory ligament) that occupy the space in the back of the cannon region between the knee or hock, and the fetlock. Sprains that result in bowed tendons are not uncommon in horses that work at speed, and are more commonly seen in the front legs than the rear legs.

\_\_\_\_\_ Most often occurs in the forefeet and is characterized by a drawing in or contracting of the heels. Improper shoeing usually aggravates the condition, and horses with contracted heels may be more likely to get quarter cracks.

Grade 7

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

1. The build of an animal, the structure, form, balance, and symmetrical arrangements is called what?

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

2. Name three items of tack or attire that are optional for a reining class?

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

3. The art of riding horseback is called what?

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

4. How is the mare and foal halter class judged?

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

5. The trail class must include a minimum of how many obstacles?

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

6. A county can send what percent of its members to State Fair?

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

7. In jumper classes, name 3 types of obstacles that are prohibited.

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

8. What two things are recommended to be used as a part of each jump in hunter hack?

Answer: 1. \_\_\_\_\_ 2. \_\_\_\_\_

9. What are the 3 colors the approved protective hunt cap can be?

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

10. Name 3 faults in a hunter hack class.

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

11. What must a reining class exhibitor do upon completion of any pattern and what may the judge ask at that time?

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

Grade 7

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

12. Name three things that are prohibited in a western horsemanship class?

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

13. In a hunter under saddle class, the judge may not ask for what type of gaits?

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

14. What is a cavesson?

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

15. Describe the type of animal that suits the purpose of a western pleasure class.

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

16. What are the 4 types of tack for color guard?

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

17. When is the only time a whip or crop is prohibited for use in trail?

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

**Equitation: Fill in the blank.**

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

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

2. Which side of the horse is the off side?

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

3. What is a term used by behaviorists that is analogous to horse training?

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

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

---

---

---

---

---

---

---

---

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.

