



4-H Horse and Pony Record Grade 8



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.



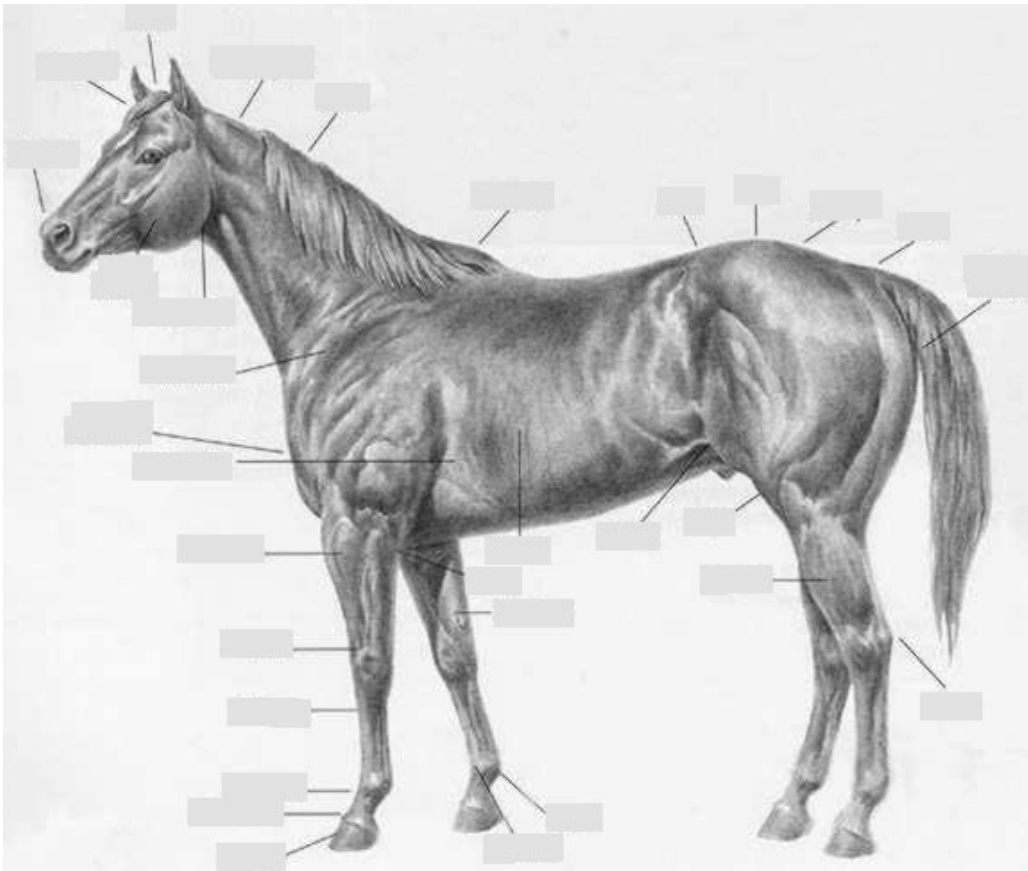
I have reviewed this record and believe it to be correct.

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.

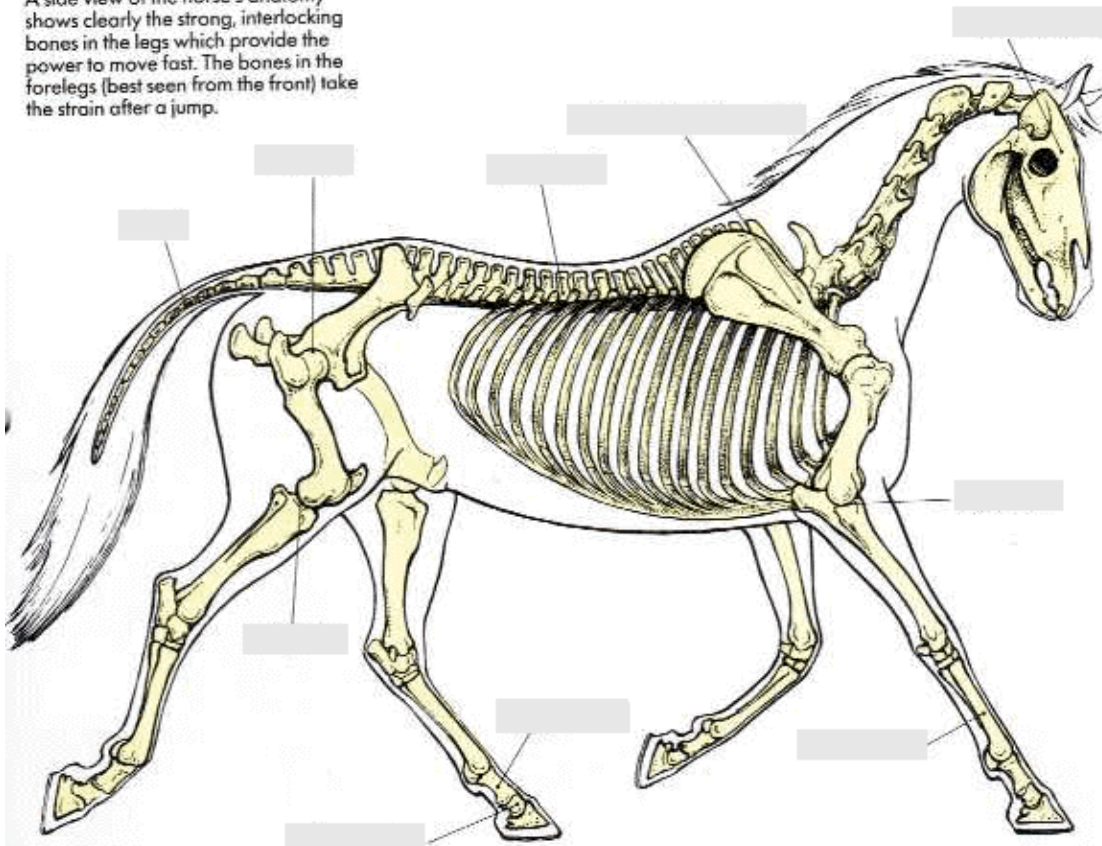
Horse Anatomy Facts: (Anatomical Chart Company , CHA) **LABEL HORSE ANATOMY**



Horse Skeleton: (Anatomical Chart Company , CHA) **LABEL HORSE SKELETON**

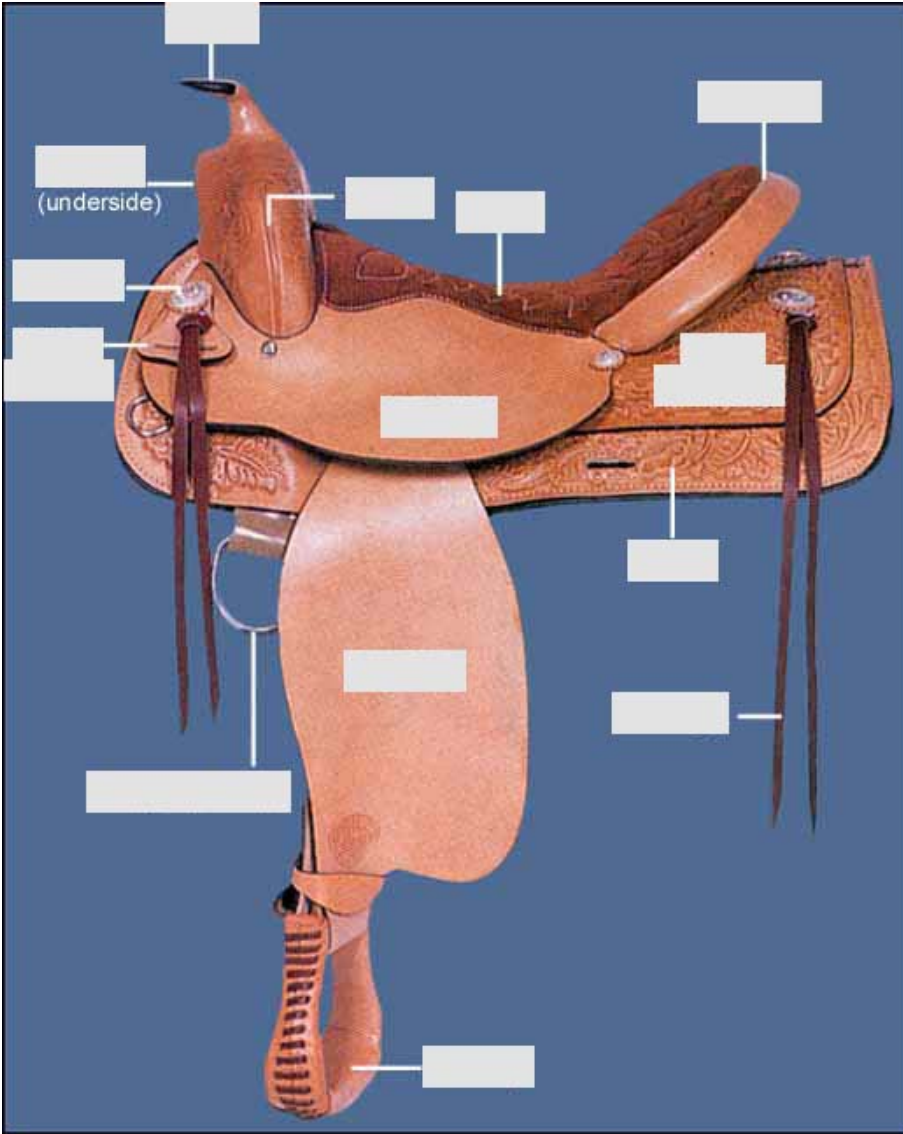
What the skeleton looks like

A side view of the horse's anatomy shows clearly the strong, interlocking bones in the legs which provide the power to move fast. The bones in the forelegs (best seen from the front) take the strain after a jump.



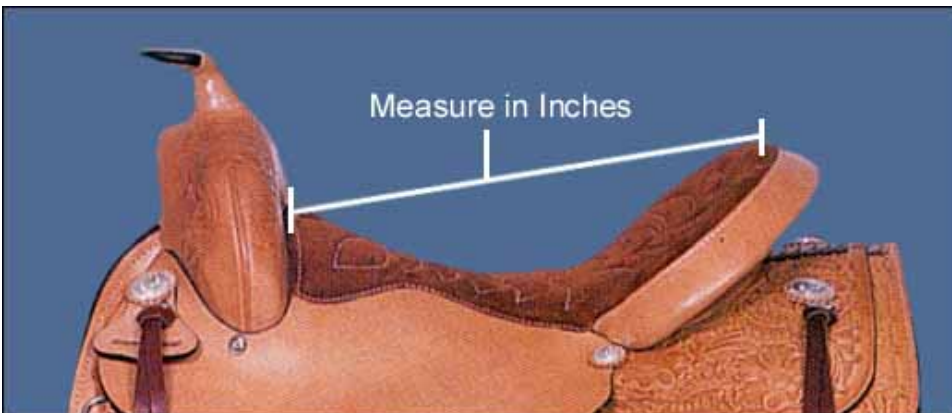
The Western Saddle

Western Saddle Parts:



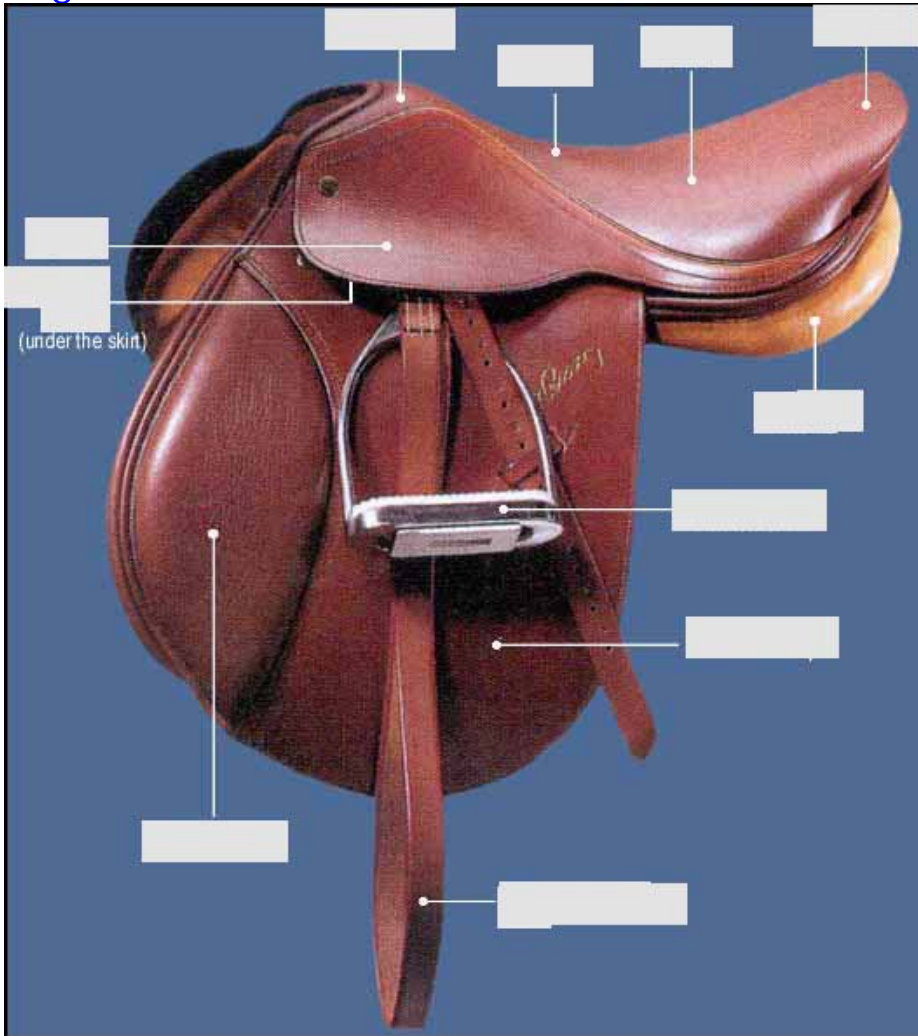
Measuring a Western Saddle:

Western saddle sizes usually range from 13" to 17" using 1" increments.



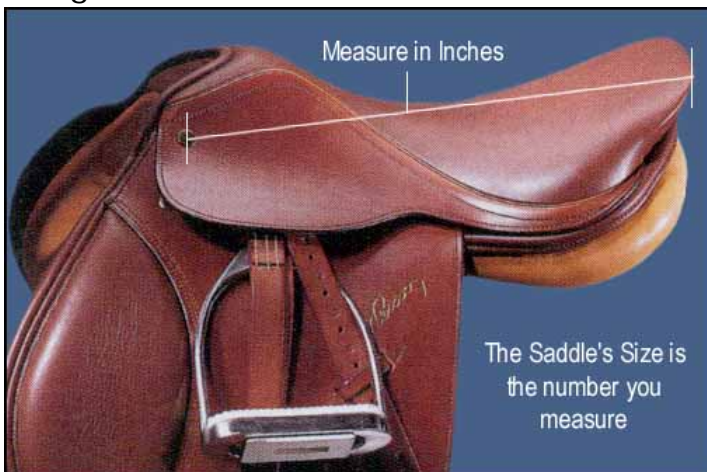
The English Saddle

English Saddle Parts:



Measuring an English Saddle:

All-purpose, eventing, close-contact and dressage saddles usually range from 14" to 19" using 1/2" increments. Saddle seat or cutback saddles usually measure from 17" to 22" using 1" increments.



Grade 8

Colors & Markings: Fill in the blank with the appropriate color.

- _____ 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.

Thoroughpin Quarter, tow, and heel cracks Ringbone Underbite Thrush

_____ A bony outgrowth involving one or more bones and/or joints of the pastern region. It primarily affects the forefoot, although the hind foot may be involved. This condition usually causes a progressive lameness, as the bony outgrowth completely encircles, or rings, the pastern region (hence the name ringbone). It is usually accompanied by a stiffened ankle if either the pastern joint or coffin joint is involved.

_____ A disease of the frog of the foot, characterized by a black, thick, foul-smelling discharge and caused by unsanitary conditions.

_____ A vertical split in the wall of the hoof that extends upward from the bearing surface of the hoof for some distance or extends downward from the coronary band. These types of cracks (sometimes called sandcracks) are usually caused by poor hoof care, such as allowing hooves to become too long, dry, and brittle. In the case of cracks originating at the coronary band, some type of injury to the band itself, resulting in a weakened segment of the hoof wall, is the likely cause.

_____ A puffy condition in the hollow of the hock. The puff can be seen mostly on the outside, but is moveable when palpated. Thoroughpin rarely causes lameness.

_____ A heritable unsoundness resulting in the lower jaw being longer than the upper jaw. (monkey mouth or undershot jaw)

Grade 8

4-H Rules: Fill in the blank.

1. What is the purpose of a roadster class?

Answer: _____

2. A collected three beat gait, smooth balanced and moderately slow with rhythm in its action is called what?

Answer: _____

3. The age of all horse and ponies entered in 4-H classes or show is computed on what basis?

Answer: _____

4. What two types of reins are prohibited in hunt seat equitation over fences?

Answer: 1. _____ 2. _____

5. What are the two faults in the pleasure driving class?

Answer: 1. _____ 2. _____

6. List three acceptable hunter bits.

Answer: 1. _____ 2. _____ 3. _____

7. If you disagree with your placing in a 4-H show, who has the final say on the matter?

Answer: _____

8. In a barrel class, what is the distance between the fence and the barrel?

Answer: _____

9. What equipment is prohibited in all contesting classes?

Answer: _____

10. Name two of the penalizations of saddle seat pleasure.

Answer: 1. _____ 2. _____

11. What extended gaits may be asked for in 4-H hunt seat or saddle seat equitation classes?

Answer: _____

Grade 8

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

12. When riding hunt seat, what type of spurs are prohibited?

Answer: _____

13. When riding with a curb bit in a 4-H class, when is one finger between the reins not permissible?

Answer: _____

14. According to the 4-H handbook, what must be used to mark the keyhole in the keyhole race?

Answer: _____

15. In 4-H open jumping, which refusal carries the most penalty?

Answer: _____

16. What is the required attire of the driver in a roadster class that is not worn in any other 4-H class?

Answer: _____

17. In a roadster class, the announcer says 'show your ponies'. What do the contestants then do?

Answer: _____

Equitation: Fill in the blank.

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

Answer: 1. _____ 2. _____ 3. _____ 4. _____

2. What is a double dilution of bay?

Answer: _____

3. What is a dilution of dark bay or seal brown?

Answer: _____

4. Define 'high school'.

Answer: _____

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.

Diseases: Fill in the blank.

1. How is encephalomyelitis transmitted?

Answer: _____

2. Horses of what age are normally affected by strangles?

Answer: _____

3. What do myxoviruses cause?

Answer: _____

4. What three things could precede death in tetanus?

Answer: 1. _____ 2. _____ 3. _____

5. Name the bacterial disease that may cause abscessed lymph nodes under the lower jaw and in the throatlatch region. An acute contagious disease caused by the infection with streptococcus equi.

Answer: _____

6. What disease has received great public attention because it can be transmitted to humans?

Answer: _____

7. What is the disease frequently characterized by profuse watery diarrhea, fever, depression, shock and laminitis?

Answer: _____

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.