



4-H Horse and Pony Record Grade 10



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.



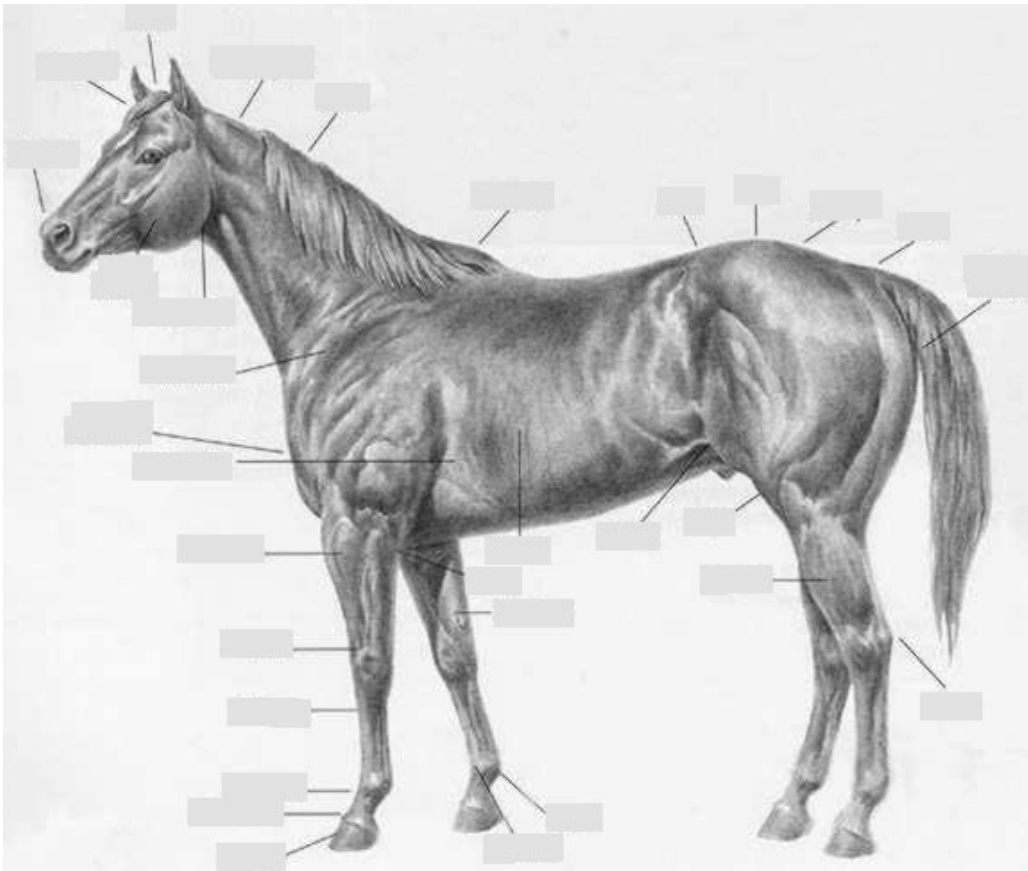
I have reviewed this record and believe it to be correct.

Signature of Horse & Pony Leader _____

Date _____

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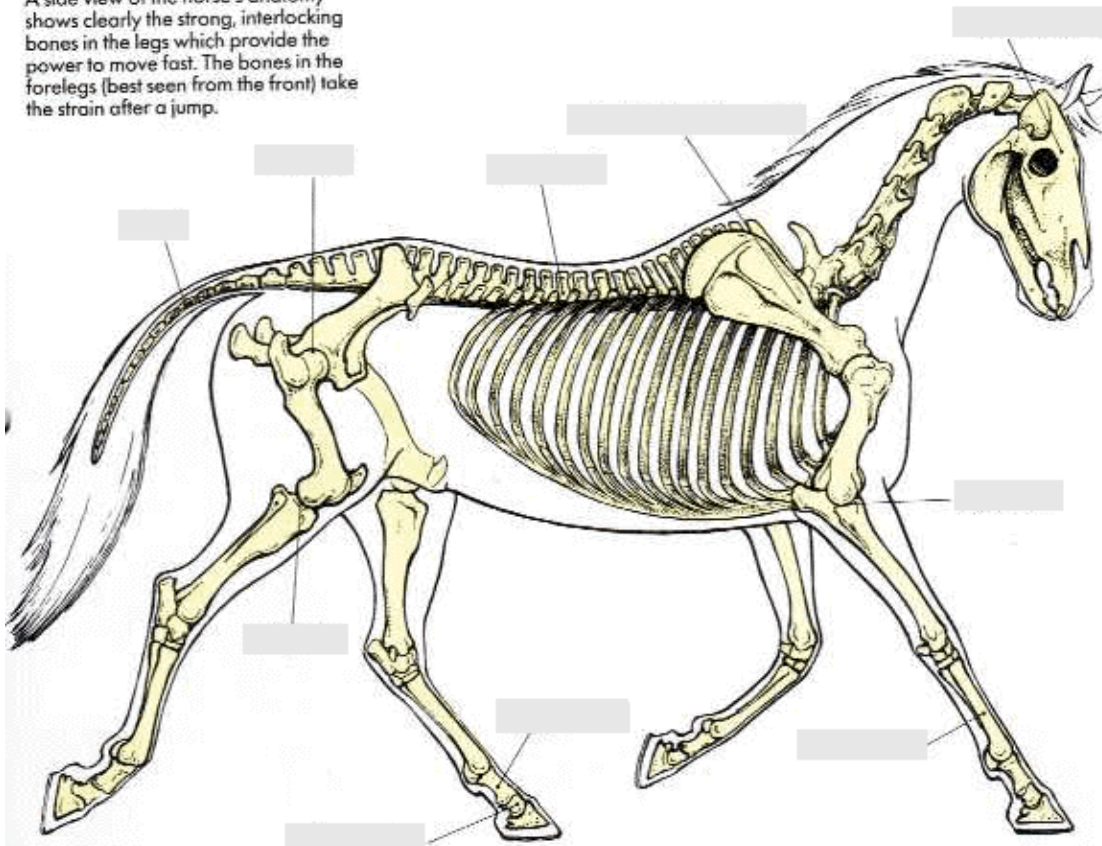
Horse Anatomy Facts: (Anatomical Chart Company , CHA) **LABEL HORSE ANATOMY**



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

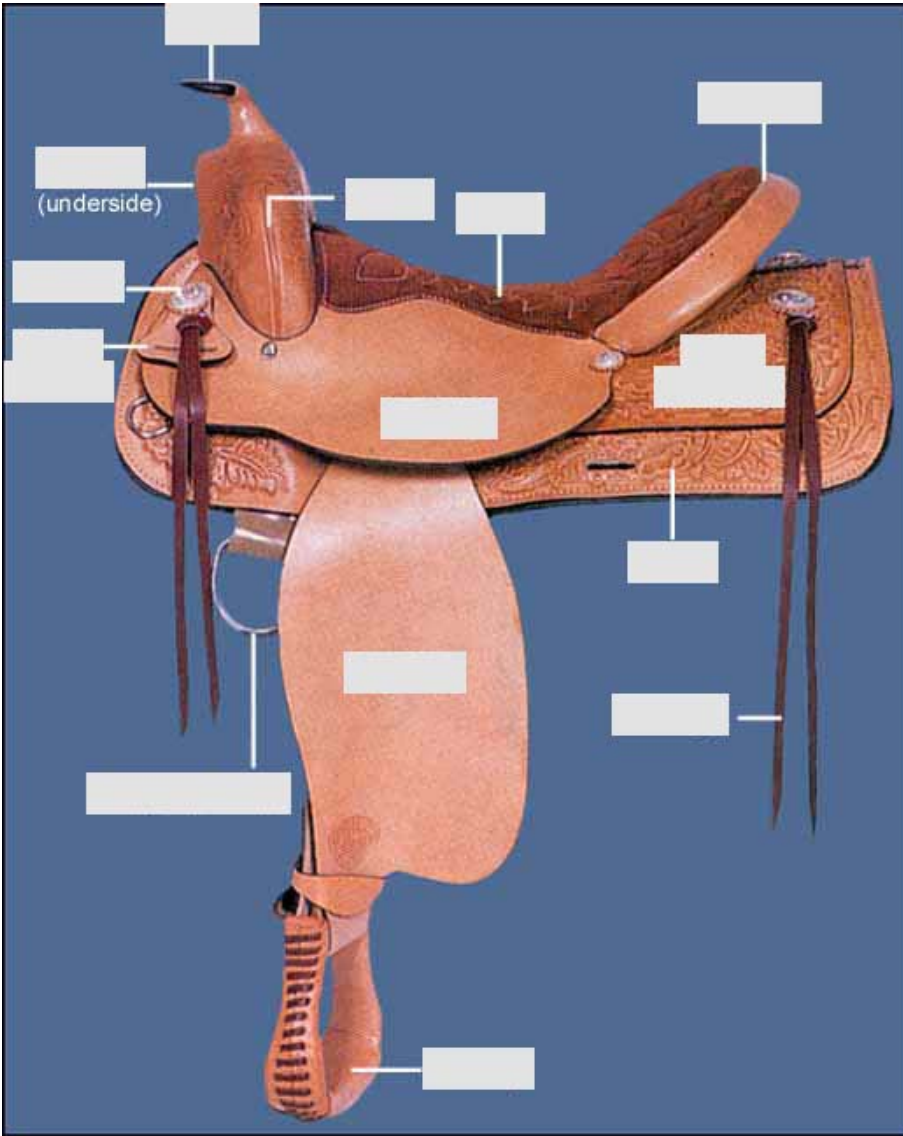
What the skeleton looks like

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.



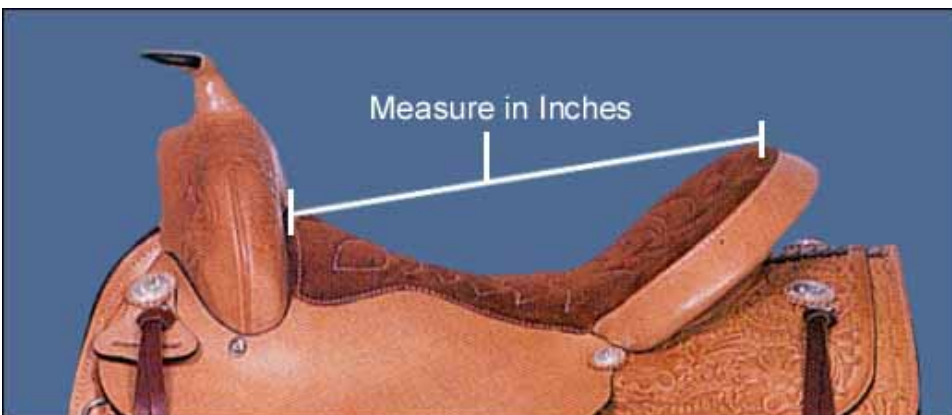
The Western Saddle

Western Saddle Parts:



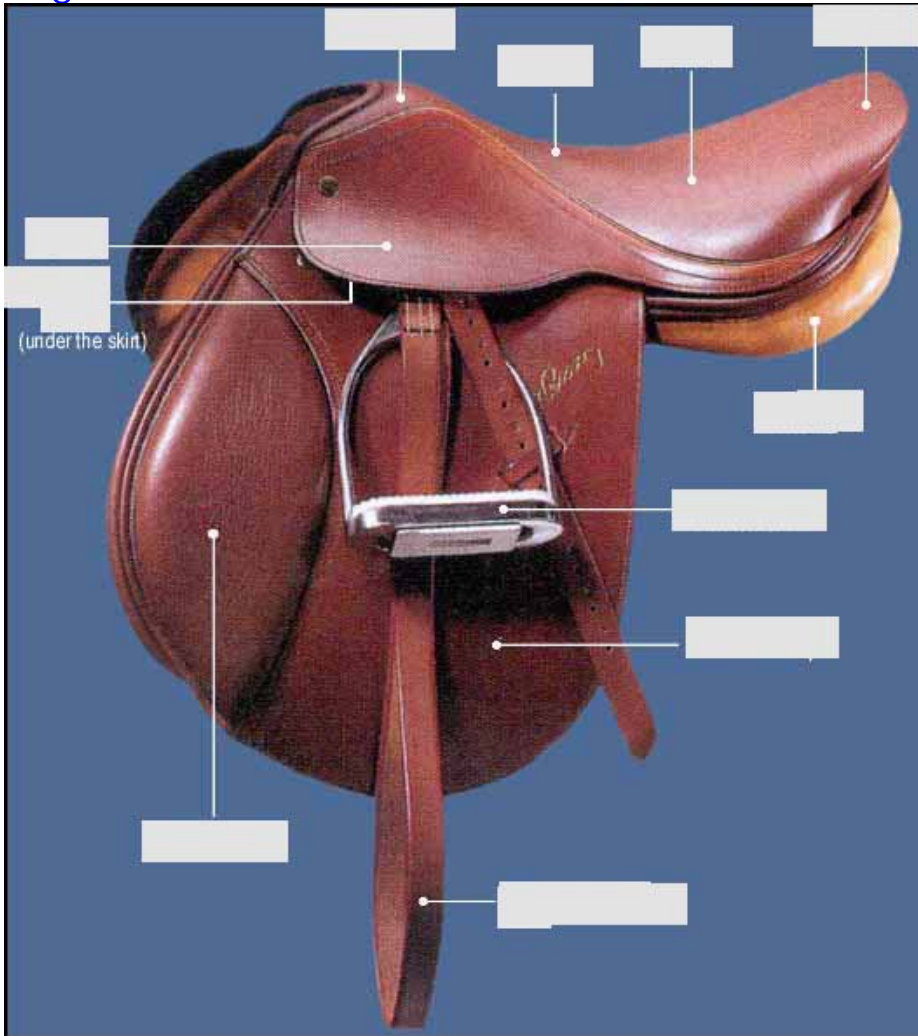
Measuring a Western Saddle:

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



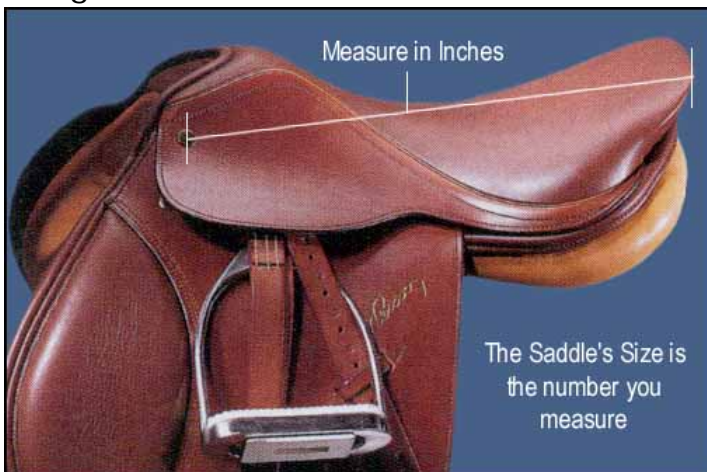
The English Saddle

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 10

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

_____ Mixture of white with any other colored hairs; can range from steel gray to rose gray; usually gets more white as horse ages.

_____ 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.

_____ Uniform mixture of white with red hairs on large portion of the body; usually darker on head and lower legs; mane and tail red, black, or flaxen.

_____ Reddish or copper-red; mane and tail same as body color, or flaxen.

_____ Pure white; mane and tail white.

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.

Splints

Too much set to the hocks

Sweeny

Toed out

Side bones

_____ When viewed from the front, the horse stands with the toes of its front legs turned outward. The horse “wings” when moving, which is when the striding foot swings inward toward the supporting leg. (splay footed)

_____ A depression in the muscle mass of the shoulder caused by an injury to a nerve resulting in a lack of enervation or control of muscle tone, with subsequent atrophy or muscle degeneration.

_____ Ossified lateral cartilage of the coffin bone that protrudes immediately above and toward the rear quarter of the hoof head. They are most common in the forefeet, and the condition may occur in one or both feet and on one or both sides of the foot.

_____ Abnormal bony growths that can occur on the inside and/or outside of the cannon bone. They are most common on the inside of the front leg; when found on the hind leg, they are usually on the outside. Initially, they are very painful, but in most cases they completely calcify and become a blemish.

_____ When viewed from the side, there is excessive angulation in the hock joint. The classic line drawn up the back of the cannon ends behind the point of the buttock. If the angle is too acute, a curb can develop. (sickle hocks)

Grade 10

4-H Rules: Fill in the blank.

1. How many refusals does it take in a trail class before an exhibitor is asked to move on to the next obstacle?

Answer: _____

2. What is 'showmanship at halter' judged on?

Answer: _____

3. What kind of barrels must be used in a 4-H barrel race?

Answer: _____

4. What is the minimum number of different obstacles in a hunt seat equitation over fences class?

Answer: _____

5. In pleasure driving, when is a lap robe required?

Answer: _____

6. In show competition, when is a horse considered to have fallen?

Answer: _____

7. What type of bit must be used in a dressage class?

Answer: _____

8. When are stallions eligible to be shown in 4-H?

Answer: _____

9. What is the mare and foal class intended to do?

Answer: _____

10. A 4-H member may enter and show how many animals at the state show?

Answer: _____

11. A 4-H member who is a senior is in what grade?

Answer: _____

Grade 10

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

12. Absolutely no animal may be substituted or traded for the original animal after what date?

Answer: _____

13. If an exhibitor has hair covering and/or obstructing their number, how may it be handled?

Answer: _____

14. At what distance do you set an in-and-out jump for horses and ponies in jumping?

Answer: _____

15. What ages of horses must be shown at the height of the dam?

Answer: 1. _____ 2. _____ 3. _____

16. In reining, how would you score any of the following: overspin more than $\frac{1}{4}$ of a turn, jogging more than $\frac{1}{2}$ a circle, use of more than one finger between reins?

Answer: _____

17. In color guard, at what heights should the flags be carried?

Answer: _____

18. Name three decisions that cannot be protested.

Answer: 1. _____
2. _____
3. _____

19. What is the purpose of a jumper class?

Answer: _____

20. What percentage is judged on jumps and what percentage on flat work in a hunter hack class?

Answer: _____

21. What are two items of optional equipment in a dressage class?

Answer: 1. _____ 2. _____

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 both 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.