4-H Horse and Pony Record
Grade 12

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 _____

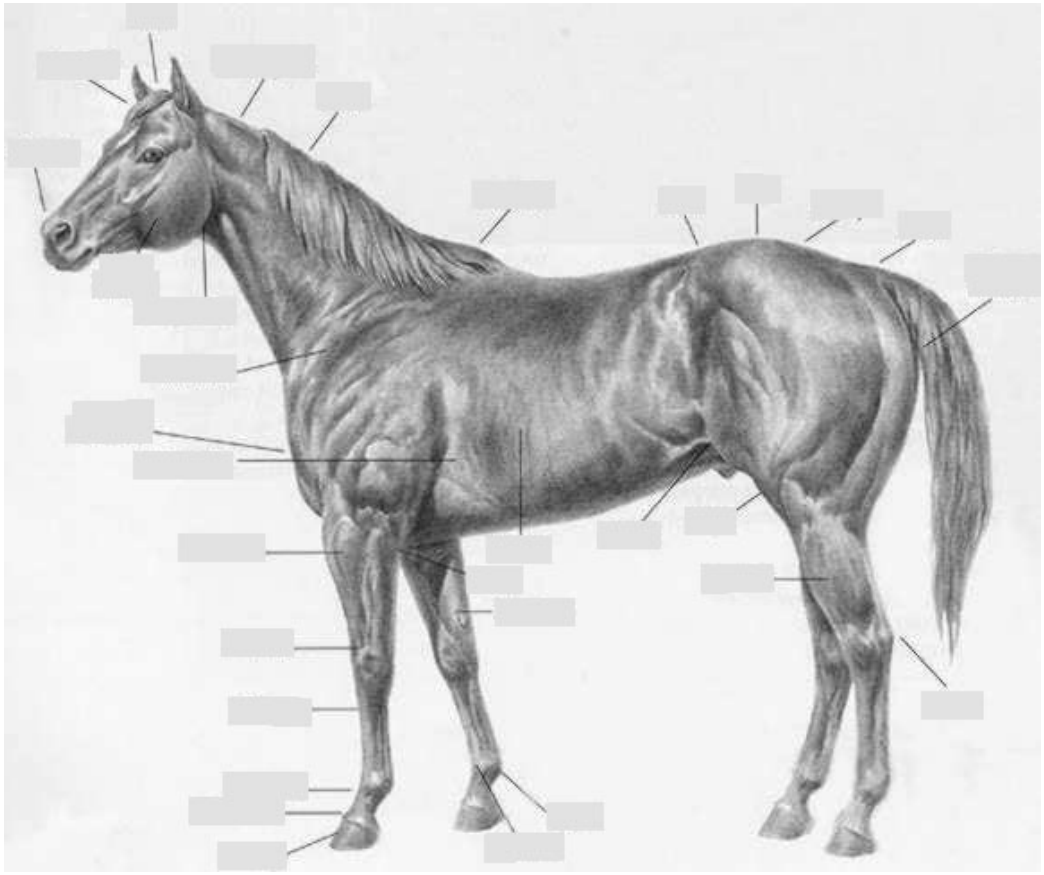
Draw your horse's markings on the diagram or include a picture of your horse.

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

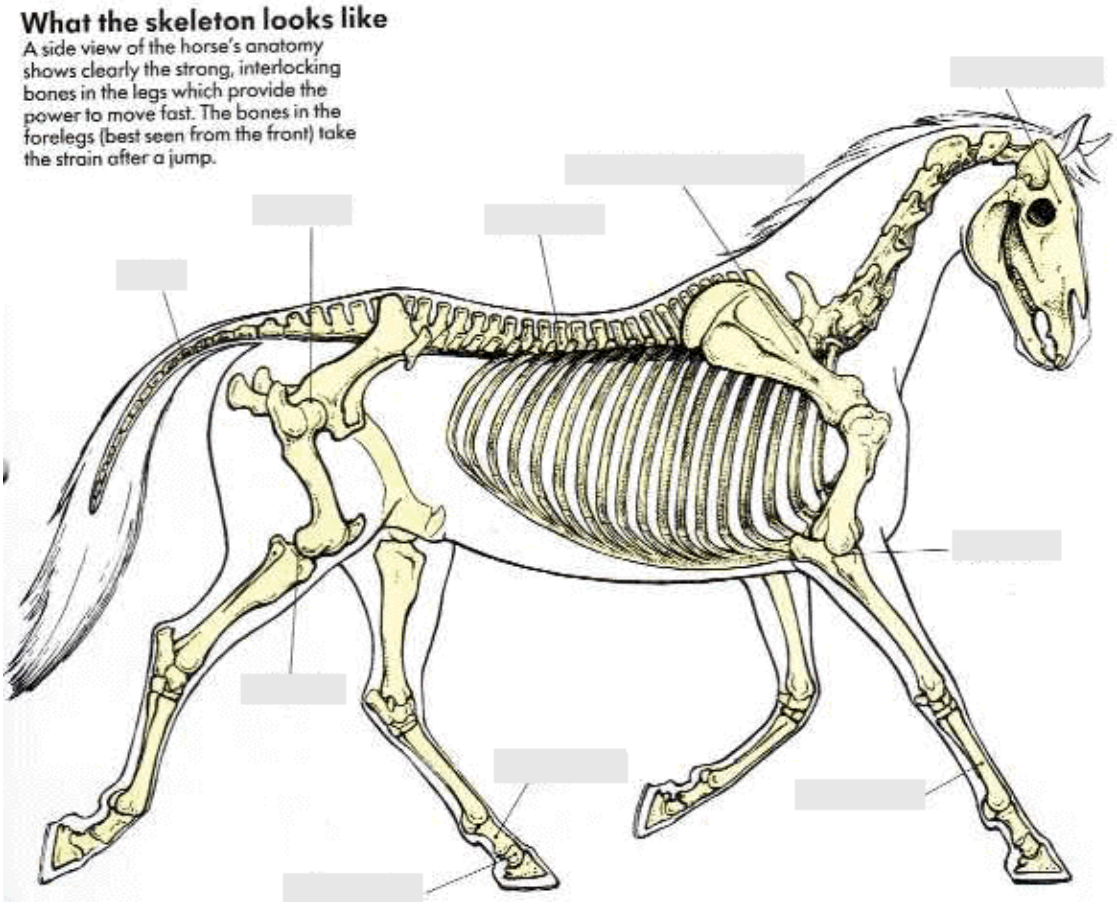
Signature of Horse & Pony Leader _____

Date _____

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

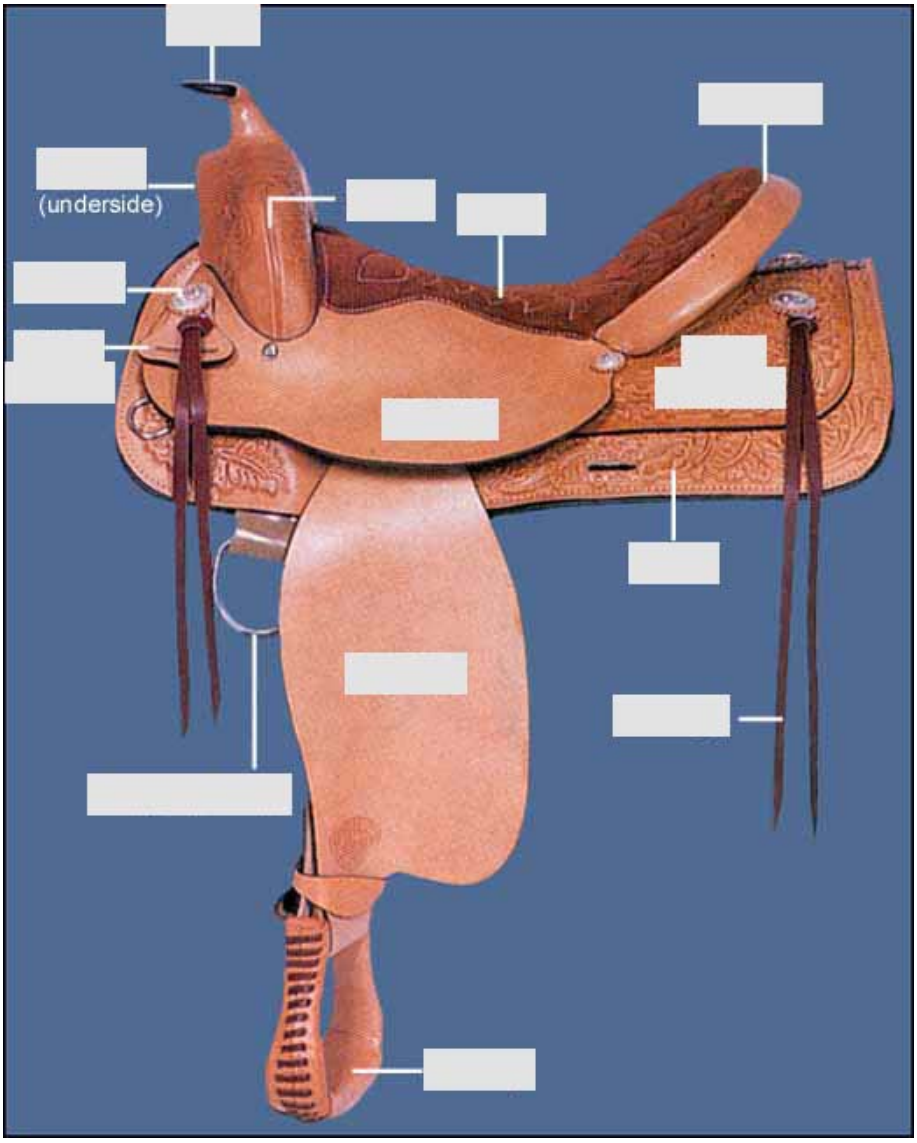


Horse Skeleton:.. (Anatomical Chart Company , CHA) **LABEL HORSE SKELETON**



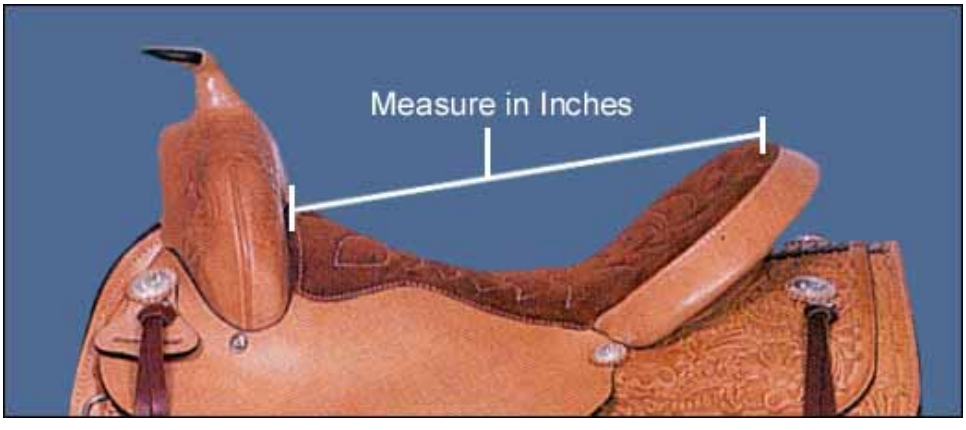
The Western Saddle

Western Saddle Parts:



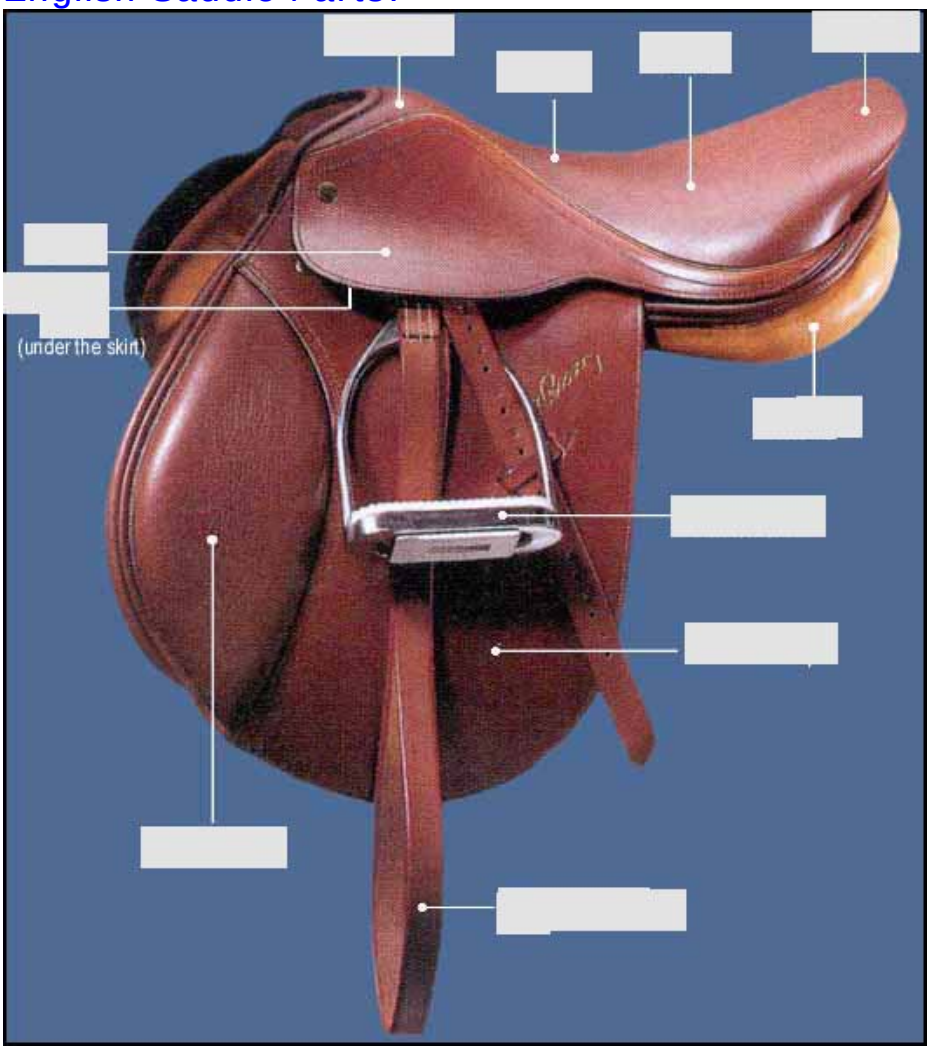
Measuring a Western Saddle:

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



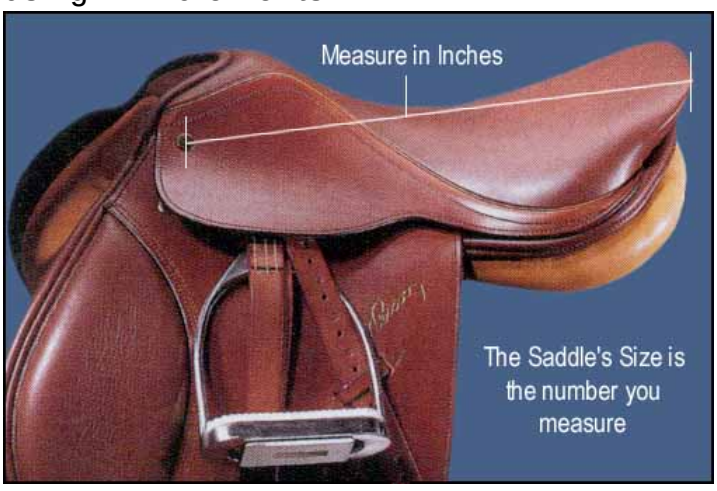
The English Saddle

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 12

Colors & Markings:

Describe some of the main characteristics of the following colors:

Dun _____
_____

Blue Roan _____
_____

Sorrel _____
_____

Grullo _____
_____

Buckskin _____
_____

Bay _____
_____

Appaloosa _____
_____

Flaws in Movement:

The horse should move with a straight, smooth stride when viewed from the front, the side, or the rear. Desirable length, animation, and cadence of stride will vary with the discipline, however there are some common flaws in movement that should be noted. Place the appropriate term with the descriptions listed below.

Forging Interfering Paddling Rope walking Winging

_____ The striding foot swings outward away from the supporting leg.

_____ A defect in the way of going, characterized by the striking of the fetlock or cannon of the supporting leg by the opposite foot that is in motion. This condition is more prevalent in horses that toe out in front.

_____ The striding foot swings inward toward the supporting leg.

_____ A defect in the way of going, characterized by the striking of the supporting forefoot by the striding hind foot on the same side.

_____ A twisting of the striding leg around and in front of the supporting leg, resembling a tight-rope walker.

Grade 12

4-H Rules: Fill in the blank.

1. List the prohibited hunter attire.

   Answer: _____

2. In hunter over fences, what are the jump heights?

   Answer: _____

3. What is a header?

   Answer: _____

4. How many penalty points are assigned each time a horse is out of lead in a reining class?

   Answer: _____

5. What four things indicate the degree of training and preparation attained by the exhibitor in showmanship at halter?

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

6. Explain the procedure to be followed in case of time failure in barrel racing.

   Answer: _____
   _____
   _____
   _____

7. Define a horse.

   Answer: _____

8. The markers for reining are at least how many feet from each end wall?

   Answer: _____

9. What bits are illegal and may be cause for disqualifications?

   Answer: _____

10. What is the mission of today's 4-H?

    Answer: _____
    _____
    _____

Grade 12

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

11. Which reining pattern calls for the completions of 4 spins to the right and 4 spins to the left?

    Answer: _____

12. What age may an animal be shown in a snaffle bit or bosal?

    Answer: _____

13. Who may ride in the vehicle in a 4-H pleasure driving class?

    Answer: _____

14. In a 4-H hunter over fences class, what must be done after completing the final fence and why?

    Answer: _____

15. What is the number for approved protective headgear?

    Answer: _____

16. Which reining pattern calls for the completions of 4 spins to the right and 4 spins to the left?

    Answer: _____

17. What is the difference between a running martingale and a standing martingale?

    Answer: _____
    _____

18. When is a driver considered to have fallen?

    Answer: _____

19. What is the maximum number of obstacles in a trial class?

    Answer: _____

20. If you do no switch leads in western riding , what is the penalty?

    Answer: _____

21. What three flags are carried in a color guard class and in what order?

    Answer: 1. _____ 2. _____ 3. _____

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 Encephalomyletis (Sleeping Sickness):* 2 primary injections followed by an annual booster.
3. *Influenza / Rhinopneuminitis (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. *Steptococcus 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 that 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.