

HEALTH CARE CHART

Name _____

Breed of Horse _____

Weight of Horse _____ lbs

YEARLY HEALTH CARE (pp. 23-27, *Nebraska 4-H Horse Project Member Manual*)

| | VACCINATION TYPE | AMOUNT | COST | WORMER TYPE | AMOUNT | COST | DENTAL CARE | COST | HOOF CARE | COST | TOTAL COST |
|-------------------|------------------|--------|------|-------------|--------|------|-------------|------|-----------|------|------------|
| JANUARY | | | | | | | | | | | |
| FEBRUARY | | | | | | | | | | | |
| MARCH | | | | | | | | | | | |
| APRIL | | | | | | | | | | | |
| MAY | | | | | | | | | | | |
| JUNE | | | | | | | | | | | |
| JULY | | | | | | | | | | | |
| AUGUST | | | | | | | | | | | |
| SEPTEMBER | | | | | | | | | | | |
| OCTOBER | | | | | | | | | | | |
| NOVEMBER | | | | | | | | | | | |
| DECEMBER | | | | | | | | | | | |
| TOTAL COST | | | | | | | | | | | |

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