



Horse _____

Date: _____ Age: _____ Gender: _____

Vaccinations: _____

Coggins Test: _____

Heart Rate: _____

Temperature: _____

Respiration Rate: _____

Appetite: _____

Attitude: _____

Behavior: _____

Movement (Gait): _____

Ears: _____

Teeth: _____

Feet: _____

Body Condition: _____

Skin and Coat: _____

Eyes: _____

Hooves: _____

Familiar work done: _____

Manner: _____

4-H Club activity

Assign each member a horse to check over.

Have a couple of members check over the same horse.

Each member will come back to compare notes with group.



Make sure

Each me