HorseSense

EQUINE RECORD BOOK

ALL THE IMPORTANT THINGS TO KNOW ABOUT:

Use our templates as guidelines for creating your own recordkeeping system

How to make this record book work for you:

- Each section has a page for important information about your horse and a page for records. Reprint the records page as needed to maintain an ongoing history of horse care, conditioning plans, training milestones, and show results.

- RECORDKEEPING OPTION #1 - Print blank pages as needed, complete the information and keep your documents in a loose-leaf binder.

- RECORDKEEPING OPTION #2 - Complete pages as needed, then use your mobile device to take photos of important sections so you have the information on hand when you need it.

- CUSTOMIZE any page by copying the contents and pasting into Google Doc, Microsot Word, etc. - or just incorporate the parts that work for your horse and situation into any other recordkeeping app.

Whatever system you use, make time to update your records
so that you always have important information available in an emergency!

https://HorseSenseLearningLevels.com

Visit our website to learn more about the Learning Levels program.

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Illustrations by Rhonda Hagy

Photographs by our amazing barn family volunteer photographers.

RECORDKEEPING CHECKLIST

RECORDS	PAGES	NOTES
❒ Horse ID: Identification Info	1	
❒ Horse ID: Photos	2	
❒ Important Things to Know	3	
❒ Contact Info - Owners and Caretakers	4	
❒ Contact Info - Equine Professionals	5-6	
❒ Daily Care Routines	7	
❒ Measurements for Tack and Equipment	8	
❒ Feed Schedules	9-10	
❒ Annual Health Care Schedule	11	
❒ Hoof Care Records	12-13	
❒ Veterinary Records	14-15	
❒ Deworming Records	16-17	
❒ Dental Care Records	18-19	
❒ Chiropractic/Bodywork Records	20-21	
❒ Conditioning Plans	22-23	
❒ Training & Show Records	24-26	

If you add/delete pages, don't forget to change these page numbers!

HORSE ID: HOW TO IDENTIFY ME

BARN NAME: _____

NICKNAMES: _____

REGISTERED/SHOW NAME: _____

REGISTRATION ASSN: _____ REGISTRATION #: _____

PEDIGREE/BREEDING: _____

DATE OF BIRTH: _____/_____/_____ ❒ MARE ❒ GELDING ❒ STALLION

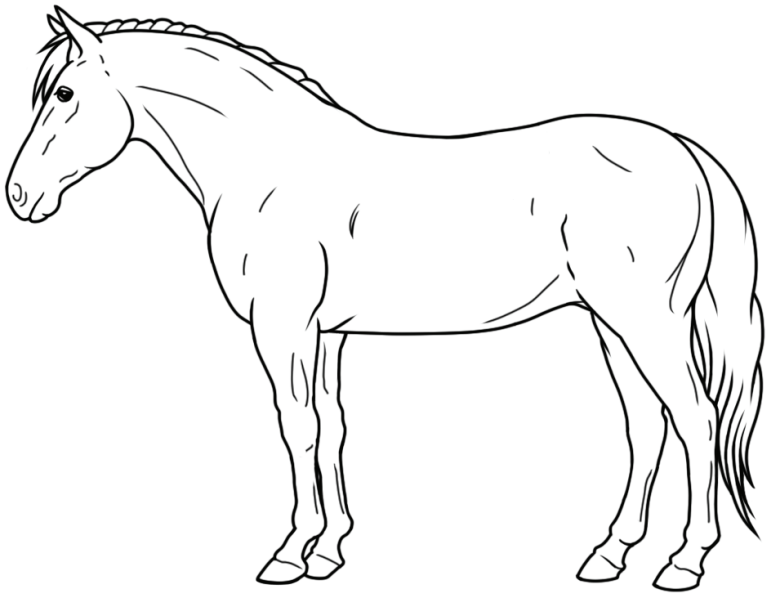
HEIGHT: _____ *hh* BREED: _____ COLOR: _____

MARKINGS: _____

OTHER MARKS (*e.g., scars, brands, etc.*): _____

❒ MY HORSE IS MICROCHIPPED: REGISTERED WITH_____ # _____

DRAW MY MARKINGS ON THESE IMAGES:



HORSE ID: PHOTOS OF ME

ADD PHOTOS FROM DIFFERENT ANGLES SO YOU HAVE A GOOD RECORD OF MY APPEARANCE:

IMPORTANT THINGS TO KNOW ABOUT ME

MY FAVORITE THINGS:

MY TEMPERAMENT/PERSONALITY:

MY BAD HABITS/KNOWN VICES:

HERE'S WHAT I THINK ABOUT TRAILERING:

HERE'S WHAT I THINK ABOUT OTHER HORSES:

OTHER IMPORTANT STUFF:

HOW TO CONTACT MY OWNERS AND CARETAKERS

OWNER: _____ MOBILE #: _____

HOME PHONE: _____ EMAIL: _____

OTHER CONTACT INFO:

NAME: _____ MOBILE #: _____

HOME PHONE: _____ EMAIL: _____

OTHER CONTACT INFO:

NAME: _____ MOBILE #: _____

HOME PHONE: _____ EMAIL: _____

OTHER CONTACT INFO:

NAME: _____ MOBILE #: _____

HOME PHONE: _____ EMAIL: _____

OTHER CONTACT INFO:

HOW TO CONTACT MY EQUINE PROFESSIONALS

VETERINARIANS

★ _____ _____ _____
NAME OFFICE PHONE MOBILE PHONE

- OR - _____ _____ _____
NAME OFFICE PHONE MOBILE PHONE

- OR - _____ _____ _____
NAME OFFICE PHONE MOBILE PHONE

NOTES ABOUT VETS:

EQUINE INSURANCE

_____ _____ _____
CARRIER NAME AGENT NAME PHONE

_____ _____ _____
CARRIER NAME AGENT NAME PHONE

NOTES ABOUT INSURANCE:

FARRIERS

★ _____ _____ _____
NAME OFFICE PHONE MOBILE PHONE

- OR - _____ _____ _____
NAME OFFICE PHONE MOBILE PHONE

NOTES ABOUT FARRIERS:

HOW TO CONTACT MY EQUINE PROFESSIONALS

INCLUDE CHIROPRACTORS, EQUINE BODYWORK PROFESSIONALS, EQUINE DENTISTS, GROOMING/BODY CLIPPING SERVICES, SADDLE FITTERS, TRANSPORTERS, COACHES, INSTRUCTORS, TRAINERS, ETC.

OTHER EQUINE PROFESSIONALS

SERVICE PROVIDED	PROVIDER NAME	PHONE

NOTES ABOUT THIS PROVIDER:

SERVICE PROVIDED	PROVIDER NAME	PHONE

NOTES ABOUT THIS PROVIDER:

SERVICE PROVIDED	PROVIDER NAME	PHONE

NOTES ABOUT THIS PROVIDER:

SERVICE PROVIDED	PROVIDER NAME	PHONE

NOTES ABOUT THIS PROVIDER:

MY TURNOUT AND DAILY CARE ROUTINES

HOME SWEET HOME:

_____

STABLE OR BUSINESS NAME

_____

STREET ADDRESS

_____

CITY/OTHER LOCATION

BOARDING OR CARE PLAN:

- ❒ FULL BOARD
- ❒ PASTURE/PARTIAL BOARD
- ❒ SELF-CARE BOARD
- ❒ HOME CARE
- ❒ OTHER:

MY TACK, GROOMING KIT, BLANKETS, FLY MASKS, GRAZING MUZZLES, *etc.* ARE LOCATED IN:

MY TURNOUT SCHEDULE (*e.g., time of day, turnout herd, paddock/pasture location, etc.*):

HERE'S WHAT I NEED TO KEEP ME HEALTHY AND HAPPY IN WARM WEATHER:

HERE'S WHAT I NEED TO KEEP ME HEALTHY AND HAPPY IN COLD WEATHER:

MEASUREMENTS FOR MY TACK AND EQUIPMENT

TACK

- ❒ HALTER _____
- ❒ BRIDLE/HACKAMORE _____
  - DETAILS: _____
- ❒ BIT _____
  - DETAILS: _____
- ❒ SADDLE _____
  - DETAILS: _____
- ❒ GIRTH/CINCH _____
- ❒ STIRRUP LEATHERS _____
- ❒ STIRRUPS _____
- ❒ MARTINGALE _____
- ❒ BREASTPLATE _____
- ❒ LONGEING CAVESSON _____
- ❒ OTHER: _____ _____

BANDAGES

- ❒ LEG QUILTS _____

BOOTS

- ❒ SHIPPING BOOTS _____
- ❒ GALLOPING BOOTS _____
- ❒ HOOF BOOTS _____
- ❒ BELL BOOTS _____
- ❒ OTHER: _____ _____

MISC

- ❒ GRAZING MUZZLE _____
- ❒ CRIBBING COLLAR _____
- ❒ FLY MASK _____
- ❒ BLANKETS/SHEETS _____
- ❒ OTHER: _____ _____
- ❒ OTHER: _____ _____
- ❒ OTHER: _____ _____
- ❒ OTHER: _____ _____

NOTES:

MY DAILY FEEDING SCHEDULE

START DATE: _____	MORNING FEEDING _____ AM	MIDDAY FEEDING _____ AM/PM	EVENING FEEDING _____ PM
ROUGHAGE *e.g., "2 cups presoaked Standlee timothy pellets (0.9 lbs) + 2 flakes fescue/ orchardgrass hay (7 lbs)"*			
WATER & SALT *e.g., "free choice salt block"; "rinse & refill buckets daily"*			
CONCENTRATES *e.g., "1/2 scoop Purina Equine Senior (1.25 lbs)"*			
SUPPLEMENTS *e.g., "1 small scoop Absorbine Buteless (1 oz.)"*			

FEEDING NOTES:

ALL CHANGES TO MY FEEDING SCHEDULE
SHOULD BE MADE GRADUALLY OVER 1-2 WEEKS

FEED CHANGE RECORDS:

DATE: _____

CHANGE FROM: _____

CHANGE TO: _____

REASON FOR CHANGE - OTHER INFO:

DATE: _____

CHANGE FROM: _____

CHANGE TO: _____

REASON FOR CHANGE - OTHER INFO:

DATE: _____

CHANGE FROM: _____

CHANGE TO: _____

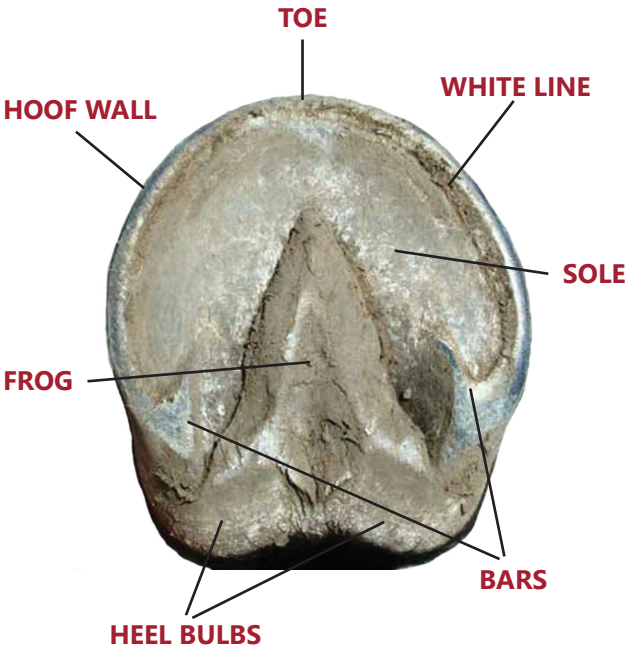
REASON FOR CHANGE - OTHER INFO:

MY YEAR-AT-A-GLANCE HEALTH CARE SCHEDULE

	VET / DENTAL/ HEALTH CARE	FECAL EGG TEST/ DEWORMING	FARRIER/ HOOF CARE
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

HEALTH CARE SCHEDULING NOTES:

MY HOOF CARE PLAN



❒ I WEAR SHOES ON ALL FOUR FEET.

- SHOE TYPE _____ SIZE _____

❒ I WEAR SHOES ON MY FRONT FEET ONLY.

- SHOE TYPE _____ SIZE _____

❒ I AM BAREFOOT AND GET A TRADITIONAL PASTURE TRIM.

❒ I GET A NATURAL BAREFOOT TRIM.

❒ I WEAR HOOF BOOTS:

- BRAND _____ SIZE _____

❒ DURING TURNOUT ❒ WHILE RIDDEN

HOOF CARE RECORDS:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

MY HOOF CARE RECORDS

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ FARRIER: _____ COST: $_____

NOTE:

MY VET AND HEALTH CARE PLAN

MY ANNUAL COGGINS TEST IS DUE IN THE MONTH OF _____

VITAL SIGNS:

TEMPERATURE: _____

PULSE: _____

RESPIRATION: _____

WEIGHT: _____

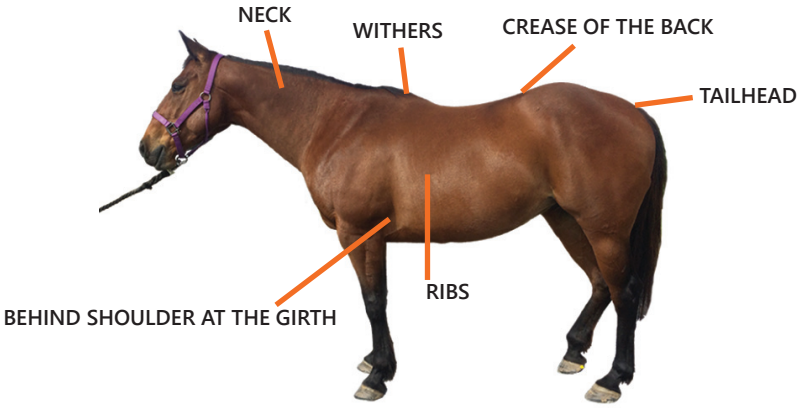
DATE TAKEN: ____/____/_____

ALLERGIES/CHRONIC HEALTH ISSUES:

ONGOING MEDICATIONS/TREATMENTS:

BODY CONDITION SCORES:

- ❒ 1 = POOR
- ❒ 2 = VERY THIN
- ❒ 3 = THIN
- ❒ 4 = MODERATELY THIN
- ❒ 5 = MODERATE
- ❒ 6 = MODERATELY FLESHY
- ❒ 7 = FLESHY
- ❒ 8 = FAT
- ❒ 9 = EXTEREMELY FAT



ANNUAL VACCINATION SCHEDULE:

	MONTH DUE:		MONTH DUE:
❒ RABIES	_____	❒ VEE	_____
❒ TETANUS	_____	❒ EHV-1/EHV-4	_____
❒ EEE/WEE	_____	❒ BOTULISM	_____
❒ WEST NILE	_____	❒ ANTHRAX	_____
❒ POTOMAC HORSE FEVER	_____	❒ EVA	_____
❒ INFLUENZA	_____	❒ OTHER: _____	_____
❒ STRANGLES	_____	❒ OTHER: _____	_____

MY VETERINARY RECORDS

DATE: ____/_____/_____ VETERINARIAN: _____ COST: $_____

DETAILS:

DATE: ____/_____/_____ VETERINARIAN: _____ COST: $_____

DETAILS:

DATE: ____/_____/_____ VETERINARIAN: _____ COST: $_____

DETAILS:

DATE: ____/_____/_____ VETERINARIAN: _____ COST: $_____

DETAILS:

DATE: ____/_____/_____ VETERINARIAN: _____ COST: $_____

DETAILS:

MY PARASITE CONTROL PLAN

WE DO FECAL EGG TESTS TO DETERMINE IF DEWORMING IS NECESSARY DURING THESE MONTHS:

_____

❒ **WE USE A ROTATIONAL DEWORMING SCHEDULE:**

DEWORMING AGENT:	MONTH DUE:
_____	_____
_____	_____
_____	_____
_____	_____

❒ **WE USE AN ALTERNATIVE DEWORMING APPROACH:**

❒ **I WEAR A FLY MASK/BOOTS/SHEET DURING THESE MONTHS:** _____

SPECIAL INSTRUCTIONS:

MY DEWORMING RECORDS

DATE: ____/_____/_____ FECAL TEST RESULTS: _____

DEWORMER: _____ COST: $_____

NOTES:

DATE: ____/_____/_____ FECAL TEST RESULTS: _____

DEWORMER: _____ COST: $_____

NOTES:

DATE: ____/_____/_____ FECAL TEST RESULTS: _____

DEWORMER: _____ COST: $_____

NOTES:

DATE: ____/_____/_____ FECAL TEST RESULTS: _____

DEWORMER: _____ COST: $_____

NOTES:

DATE: ____/_____/_____ FECAL TEST RESULTS: _____

DEWORMER: _____ COST: $_____

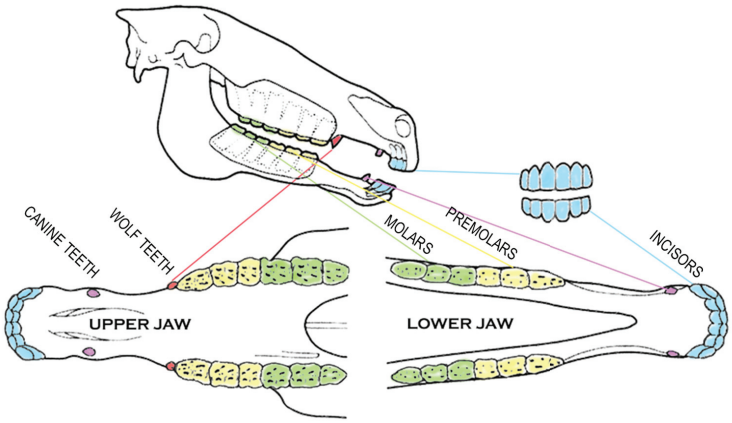
NOTES:

MY DENTAL CARE PLAN

MY TEETH GET CHECKED DURING THESE MONTHS: _____

- ❒ WE USE A MANUAL FLOATING APPROACH
- ❒ WE USE A POWER FLOATING APPROACH
- ❒ WE USE A NATURAL BALANCE APPROACH

DENTAL CARE NOTES:



DENTAL CARE RECORDS:

DATE: ____/_____/_____ DENTIST/VET: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ DENTIST/VET: _____ COST: $_____

NOTE:

MY DENTAL CARE RECORDS

DATE: ____/_____/_____ DENTIST/VET: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ DENTIST/VET: _____ COST: $_____

NOTE:

DATE: ____/_____/_____ DENTIST/VET: _____ COST: $_____

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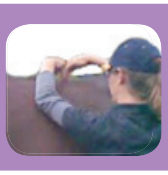
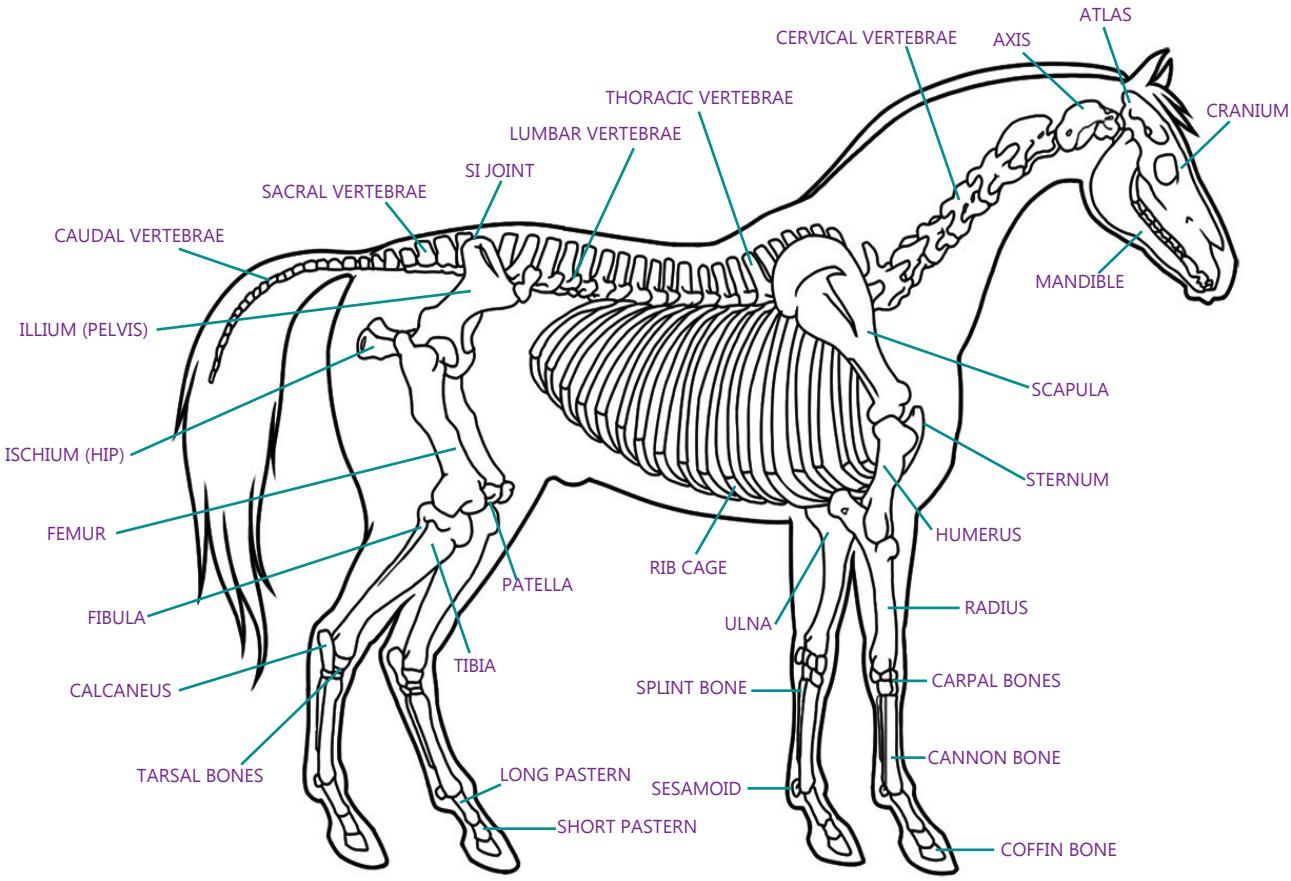
NOTE:



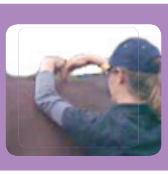
MY CHIROPRACTIC/BODYWORK PLAN



MY BODY GETS ADJUSTED/TREATED DURING THESE MONTHS:

_____

CHRONIC ALIGNMENT/SOFT TISSUE PROBLEMS:



MY CHIROPRACTIC/BODYWORK RECORDS

DATE: ____/_____/_____ PRACTIONER: _____ COST: $_____

DETAILS:

DATE: ____/_____/_____ PRACTIONER: _____ COST: $_____

DETAILS:

DATE: ____/_____/_____ PRACTIONER: _____ COST: $_____

DETAILS:

DATE: ____/_____/_____ PRACTIONER: _____ COST: $_____

DETAILS:

DATE: ____/_____/_____ PRACTIONER: _____ COST: $_____

DETAILS:

MY CONDITION AND FITNESS

MY CURRENT FITNESS LEVEL:

HEALTH OR SOUNDNESS ISSUES:

STRENGTH/STAMINA:

FLEXIBILITY:

BALANCE:

GAITS:

RESISTANCE:

MY WORKLOAD IN AN AVERAGE WEEK:

SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	

MY CONDITIONING PLANS

CONDITIONING GOAL= EVENT/MILESTONE: ______________________________________

TARGET DATE: ______/______/_________

HOW MANY WEEKS FROM NOW? ____________

PLAN FOR THIS GOAL STARTS ON ______/______/_________

CONDITIONING PLAN WEEK # ______

❒ ________________________________

❒ ________________________________

❒ ________________________________

❒ ________________________________

❒ ________________________________

TPR = ________ ________ ________

NOTES:

CONDITIONING PLAN WEEK # ______

❒ ________________________________

❒ ________________________________

❒ ________________________________

❒ ________________________________

❒ ________________________________

TPR = ________ ________ ________

NOTES:

CONDITIONING PLAN WEEK # ______

❒ ________________________________

❒ ________________________________

❒ ________________________________

❒ ________________________________

❒ ________________________________

TPR = ________ ________ ________

NOTES:

CONDITIONING PLAN WEEK # ______

❒ ________________________________

❒ ________________________________

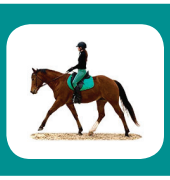
❒ ________________________________

❒ ________________________________

❒ ________________________________

TPR = ________ ________ ________

NOTES:



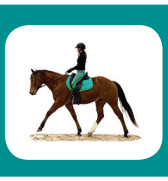
MY TRAINING PLANS

THINGS I HAVE LEARNED TO DO:

- ❒ Trail Riding
- ❒ Competitive Trail Riding
- ❒ Endurance
- ❒ Foxhunting
- ❒ Hunter Pace
- ❒ Dressage
- ❒ Quadrille/Drill Team
- ❒ Show Jumping
- ❒ Eventing
- ❒ Mounted Games/Gymkhana
- ❒ Vaulting
- ❒ Driving
- ❒ English Pleasure
- ❒ Halter Showing
- ❒ Hunt Seat
- ❒ Equitation
- ❒ Saddle Seat
- ❒ Western Dressage
- ❒ Reining
- ❒ Barrel Racing
- ❒ Pole Bending
- ❒ Western Pleasure
- ❒ Western Showmanship
- ❒ Working Equitation
- ❒ Polo/Polocrosse
- ❒ Mounted Archery
- ❒ Mounted Shooting
- ❒ Team Penning
- ❒ Roping
- ❒ Cutting
- ❒ Working Cow Horse
- ❒ Flat Racing
- ❒ Trick Riding
- ❒ Unmounted Tricks
- ❒ R+ Training
- ❒ Liberty
- ❒ Obstacle Training/Horse Agility
- ❒ Natural Horsemanship
- ❒ Paraequestrian
- ❒ OTHER: _____
  _____
  _____

GOALS FOR MOUNTED TRAINING:

GOALS FOR UNMOUNTED TRAINING:



MY TRAINING MILESTONES

MILESTONE ACHIEVED: _____

DATE: ____/_____/_____ TRAINER: _____

DETAILS:

MILESTONE ACHIEVED: _____

DATE: ____/_____/_____ TRAINER: _____

DETAILS:

MILESTONE ACHIEVED: _____

DATE: ____/_____/_____ TRAINER: _____

DETAILS:

MILESTONE ACHIEVED: _____

DATE: ____/_____/_____ TRAINER: _____

DETAILS:

MY SHOW RECORDS

DATE: ____/______/________ EVENT: ____ COST: $__________________

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

NOTES:

DATE: ____/______/________ EVENT: ____ COST: $__________________

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

NOTES:

DATE: ____/______/________ EVENT: ____ COST: $__________________

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

NOTES:

DATE: ____/______/________ EVENT: ____ COST: $__________________

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

CLASS: ___________________________________ PLACE: _______ CLASS: ___________________________________ PLACE: _______

NOTES: