

USPC Health and Maintenance Record Book

Horse: _____
* Include stable name and registered or show name if applicable.



The United States Pony Clubs, Inc.

Member Name: _____

Pony Club or Riding Center: _____

Region: _____

Start Date: _____

End Date: _____

Contact Information (D-2 and up)



Tab -
Add as needed

Rider: _____ e-mail: _____

Address: _____ Phone: _____

_____ Phone: _____

General
Information

Owner: _____ e-mail: _____

Address: _____ Phone: _____

_____ Phone: _____

Horse's Location

Facility: _____ Contact Name: _____

Address: _____ Phone: _____

_____ Phone: _____

Other Contacts

Veterinarian: _____ Phone: _____

Farrier: _____ Phone: _____

Dentist: _____ Phone: _____

Other: _____ Phone: _____

Equine Insurance

Carrier: _____ Policy #: _____

Contact: _____ Phone: _____

Emergency Contacts

Name: _____ Phone: _____

Name _____ Phone: _____

Horse Information (D-2 and up)

Horse: _____ Date Foaled: _____

Breed: _____ Gender: _____ Age: _____

Height: _____ Weight: _____ Color: _____

Markings (and any unique identifying features): _____

Tattoo/Brand/Microchip: _____

Vices: _____

Resting Vital Signs

Temperature: _____ ° Pulse (Beats per Minute) _____ Respiration (Breaths per Minute): _____

Medical Conditions (any items that require ongoing supplemental care or management, e.g., arthritis, conditions requiring chiropractic, massage, etc.):

Routine Vaccination schedule (D-3 and up) (summary of what they receive and time of year including coggins)

Breed Registry: _____ Registration #: _____

Sire: _____ Dam: _____

Equine Organization Memberships

Organization: _____ Horse's ID #: _____

Organization: _____ Horse's ID #: _____

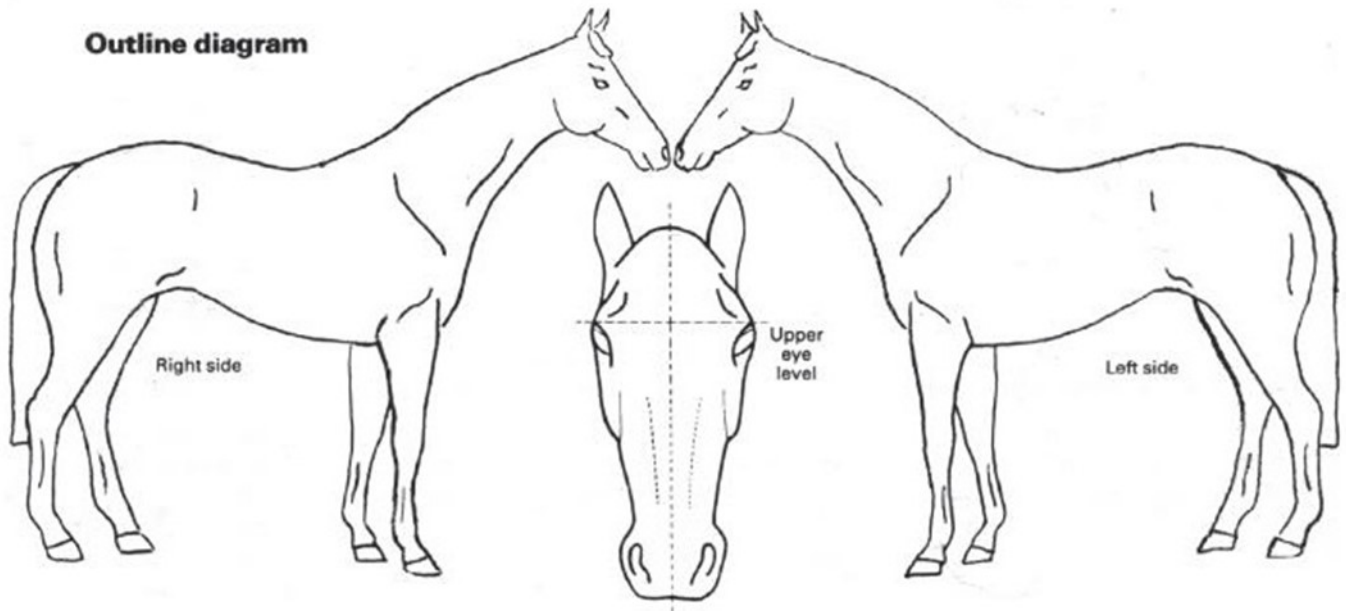
Organization: _____ Horse's ID #: _____

Additional Comments or Information:

Horse Information (D-2 and up)



Outline diagram



Draw in markings and brands on the diagram above or provide photographs

Place a photographs of your horse in the space above for identification purposes. (Photos should be standing and in profile, showing all identifying markings, i.e., 2-4 photos. Best without tack.)

Additional Information (C-2 and up)



Brief description of mount's history (if known), daily routine, and any special care.

Additional Information (C-2 and up)



Tack used on mount, blanketing requirements.

Place a photographs and/or descriptions of the tack used on your horse in the space above. Include reasons for use if necessary and any specific instructions as to fit.

Additional Information (H-B)



Diagram of stable and turnout areas.

Include location of horse's stall and turnout, tack and equipment, first aid kits & emergency equipment, and important papers critical to horse's care.

Feed Information (D-2 and up)



Feeding

Feed Store: _____ Phone: _____

Address: _____

Hay Source: _____ Phone: _____

Address: _____

Current Feed

| Feed | Morning | Noon | Evening |
|--|---------|------|---------|
| Time Fed | | | |
| Roughage <small>(type, amount/wt)</small> | | | |
| Concentrates <small>(type, amount/wt)</small> | | | |
| Supplements <small>(type & amount) HB include purpose for supplement</small> | | | |
| Time spent on grass pasture | | | |
| Instructions | | | |

Changes in Feed

| Date <small>mo/day/yr</small> | Change From | Change to |
|----------------------------------|-------------|-----------|
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Veterinary and Health Information (D-3 and up)



Veterinarian: _____ Phone: _____

Address: _____

Veterinary and Health

Routine Veterinary Care (D-3 and up)

Include annual wellness checkup, vaccines, Coggins test

| Date mo/day/yr | Procedure (vaccines & Coggins test) | (H-B and up) Manufacturer and Lot # | Due Again | Cost |
|-------------------|-------------------------------------|---|--------------|------|
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**Totals can be penciled in for Certifications

Total \$

Additional Veterinary Procedures (C-1 and up)

Includes: Lameness, illness, x-rays, medications, etc. Does not include vaccination, deworming or floating

| Date mo/day/yr | Procedure | Diagnosis & Treatment | Cost |
|-------------------|-----------|-----------------------|------|
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**Totals can be penciled in for Certifications

Total \$

Veterinary and Health Information (D-3 and up)



Dentistry

Dental Care (D-3 and up)

| Date mo/day/yr | Dental Procedure (C-1 up add specific findings and treatment) | Due Again | Cost |
|-------------------|--|-----------|------|
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**Totals can be penciled in for Certifications

Total \$

De-worming

Parasite Prevention (D-3 and up)

| Date mo/day/yr | De-Worming & Fecal Egg Counts/Results C-2 up include compound and brand name (e.g., "Strongid" is pyrantel pamoate) | Due Again | Cost |
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**Totals can be penciled in for Certifications

Total \$

Farrier (D-3 and up)



Farrier: _____ Phone: _____

Address: _____

Farrier

| Date mo/day/yr | Shoeing /Trimming C-1 up include general features and whether new or reset, etc. C-2 to H-B include further detail, e.g., 4 steel keg, size 1, w/tap studs in heel, reset | Due Again | Cost |
|-------------------|---|-----------|------|
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**Totals can be penciled in for Certifications

Total \$

Conditioning (C-1 and up)



Conditioning

Current Weekly Riding/Conditioning Schedule for an average week:

| Activity | Specifications | Minutes | Times/week |
|--|----------------|---------|------------|
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| ** Check TPR and Recovery weekly on _____ after brisk exercise set. | | | |

For D-2 and above

| | | |
|-------------|-------------|------------|
| Temp:@rest: | Pulse:@rest | Resp:@rest |
| | | |

For C-1 and above

| | | |
|----------------------|--------|-------|
| Recovery at 10 mins: | Pulse: | Resp: |
| | | |

Changes to Weekly Riding/Conditioning Schedule

| | Date mo/day/yr | Activity | Feed Changes | TPR Changes |
|--------------|-------------------|----------|--------------|-------------|
| Change From: | | | | |
| Change To: | | | | |
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| Change From: | | | | |
| Change To: | | | | |
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| Change From: | | | | |
| Change To: | | | | |
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| Change From: | | | | |
| Change To: | | | | |

Sample (from C-2 Record Book)

**These pages should be deleted from your own Record Book

Current Conditioning Schedule for an average week:

March-November in Massachusetts

| Activity | Specifications | Minutes | Times/week |
|--|---|------------|------------|
| Dressage/Flat | 10 mins. suppling at walk to 30 mins. trot/canter with lots of transitions & some lateral work, 10-20 mins cool-down | 40-50 | 2 |
| Hacks/Trails | Lots of walk & hill work combined with 1-2 ten min trot sets & 1-2 min. 300-325 mpm canter sets, 10-20 mins cool-down | 60-120 | 2 |
| Jumping | Rotation between gymnastics, course work, and cross-country to 3'. (Will needs 15-20 mins warm-up because of his arthritis) 10-20 mins cool-down | 45-60 | 2 |
| DAY OFF | This can be a day completely off or a relaxed walk on the trails | 45 | 1 |
| Long-lining | Interspersed with weekly routine when a light work day is needed. | 20-30 mins | |
| Longeing | I get longed on Will about 3-5x/mo | 20-30 mins | |
| *** Dec-Feb Long easy hacks in the country (walk/little bit of trotting if footing permits) 1hr, 3x/wk | | | |
| ** Check TPR and Recovery weekly on <u>Sundays</u> after brisk exercise set | | | |

For D-2 and above

| | | |
|--------------------|--------------------|-------------------|
| Temp:@rest: | Pulse:@rest | Resp:@rest |
| 99.4 | 34 | 11 |

For C-1 and above

| | | |
|-----------------------------|------------------|-----------------|
| Recovery at 10 mins: | Pulse: 38 | Resp: 12 |
|-----------------------------|------------------|-----------------|

Sample (from C-2 Record Book)

**These pages should be deleted from your own Record Book

Conditioning Changes:

| | Date | Activity | Feed Changes | TPR Changes |
|--------------|---------|---|---|--|
| Change From: | 2/28/04 | 4 trails/wk Mostly walk | | R=12 P=35 Recovery: R=5min P=10min |
| Change To: | | 3 trails/wk and 2 flat/wk | None | None noted |
| Change From: | 3/20/04 | No jumping | | |
| Change To: | | Small gymnastics 1x/wk | Addition of canola oil but decrease in rough- age as grass comes up | R=12 P=35 Recovery: R=7min P=18min |
| Change From: | 4/25/04 | Small gymnastics 1x/wk | | |
| Change To: | | 2'6" gymnastic & coursework 2x/wk | From 8 lbs of concen- trate to 6 lbs -- grass is up | R=12 P=35 Recovery: R=5min P=17min |
| Change From: | 5/15/04 | 2'6" gymnastic & coursework 2x/wk | | |
| Change To: | | Gymnastics/coursework to oc- casional 3'3" | None | R=11 P=34 Recovery: R=5min P=15min |

Expenses (C-1 and up)



Feed and Board Expenses

Expenses and Income

| Date | Item | Cost |
|------|------|------|
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**Totals can be penciled in for Certifications

Total **\$**

Income (optional)



| Date | Item | Income |
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**Totals can be penciled in for Certifications

Total \$

Financial Summary (C-1 and up)

Expense Summary

**Totals can be penciled in for Certifications

| Year to Date Totals | Cost |
|------------------------------------|------------------------|
| Vaccines | |
| Dental | |
| Parasite Prevention | |
| Additional Veterinary Care | |
| Farrier | |
| Activities | |
| Feed & Board | |
| Other Expenses | |
| | |
| | |
| Total Expenses \$ | |
| | |
| Income | Total Income \$ |
| | |
| Net (expenses minus income) | Net \$ |



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