

Everyday Stables

Weekly 7-Day Horse Care Checklist

Horse Name: _____ Breed/Age: _____ Week of: _____

Brief description / routine:

Item	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Feed (type / qty)	AM <input type="checkbox"/> _____ PM <input type="checkbox"/> _____						
Water checked	<input type="checkbox"/> _____						
Manure normal	<input type="checkbox"/> _____						
Turnout / Exercise	<input type="checkbox"/> _____						
Behavior / Attitude	<input type="checkbox"/> _____						
Condition / Soundness	<input type="checkbox"/> _____						
Hoof check	<input type="checkbox"/> _____						
Blanket / Weather	<input type="checkbox"/> _____						
Notes	_____	_____	_____	_____	_____	_____	_____