

# 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"/> _____	AM <input type="checkbox"/> _____ PM <input type="checkbox"/> _____	AM <input type="checkbox"/> _____ PM <input type="checkbox"/> _____	AM <input type="checkbox"/> _____ PM <input type="checkbox"/> _____	AM <input type="checkbox"/> _____ PM <input type="checkbox"/> _____	AM <input type="checkbox"/> _____ PM <input type="checkbox"/> _____	AM <input type="checkbox"/> _____ PM <input type="checkbox"/> _____
Water checked	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Manure normal	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Turnout / Exercise	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Behavior / Attitude	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Condition / Soundness	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Hoof check	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Blanket / Weather	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Notes	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____