

# 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.):

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

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Breed Registry: \_\_\_\_\_ Registration #: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

## Equine Organization Memberships

Organization: \_\_\_\_\_ Horse's ID #: \_\_\_\_\_

Organization: \_\_\_\_\_ Horse's ID #: \_\_\_\_\_

Organization: \_\_\_\_\_ Horse's ID #: \_\_\_\_\_

## Additional Comments or Information:

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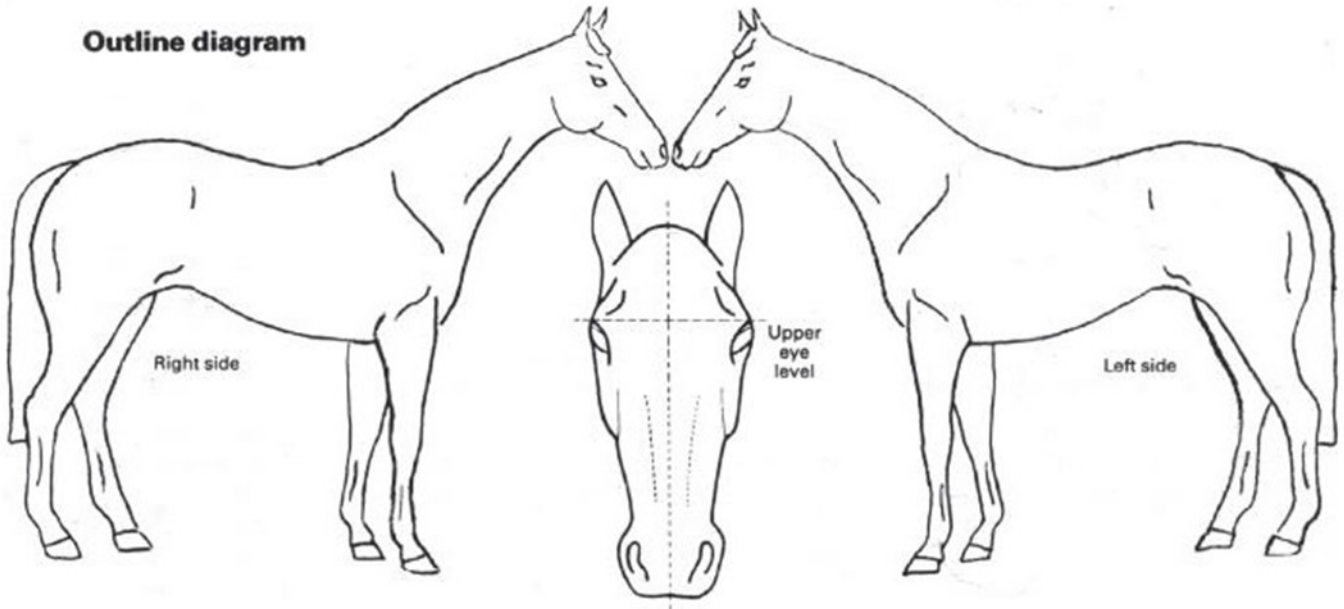
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# Horse Information (D-2 and up)



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 (D-3 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
<b>Time Fed</b>			
<b>Roughage</b> (type, amount/wt)			
<b>Concentrates</b> (type, amount/wt)			
<b>Supplements</b> (type & amount) HB include purpose for supplement			
<b>Time spent on grass pasture</b>			
<b>Instructions</b>			

## Changes in Feed

Date mo/day/yr	Change From	Change to

# 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

\*\*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

\*\*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

\*\*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

\*\*Totals can be penciled in for Certifications

Total \$

# Farrier (D-3 and up)

Farrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Farrier

Date mo/day/ yr	Shoeing /Trimming	Due Again	Cost
	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		

\*\*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
** 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:
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**Changes to Weekly Riding/Conditioning Schedule**

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

## Activities

[illegible]

**\*\*Totals can be penciled in for Certifications**

**Total** \$

[illegible]**Total**     \$

## Expenses and Income

**\*\*Totals can be penciled in for Certifications**

17 ©2024

[illegible]**Total**      \$

**\*\*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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