

Ohio 4-H State Competitive Trail Ride Conditioning Record ***MUST be completed by 4-H member***

Name:				Horse Name:				
Date	Resting		Type of Work Distance/Pace	Pulse and Respiration Rates				Terrain
	Body Temp (°F)	Pulse/ Respiration		0 min. Pulse/ Respiration	10 min. Pulse/ Respiration	20 min. Pulse/ Respiration	30 min. Pulse/ Respiration	
<i>Example: 6/1</i>	<i>100.4</i>	<i>48/16</i>	<i>5 miles fast trot</i>	<i>130/140</i>	<i>110/100</i>	<i>90/90</i>	<i>70/70</i>	<i>level</i>

As the 4-H or FFA Advisor, I verify that 1) the information listed on this record is correct to the best of my knowledge and 2) the 4-H/FFA member is in good standing with the club/chapter.
Advisor Name: _____ **Advisor Signature:** _____ **Date:** _____

As the Extension Professional, I verify that 1) the information listed on this record is correct to the best of my knowledge and 2) the 4-H/FFA member is in good standing with the county.
Extension Professional Name: _____ **Extension Professional Signature:** _____ **Date:** _____