Young Horse Development Project
Professional Horseman Checklist

Name of Member: _____

AQHYA Membership Number: _____

Name of Horse: _____ Registration # _____

- ☐ The member can explain his or her horse's pedigree.
- ☐ The member has a goal in mind for how they plan to use his or her horse.
  What is his or her goal? _____

Parts of the Horse:

- ☐ The member can identify and correctly name the parts of the horse.

Overall condition of the horse :(Excellent, Good, Thin or Poor) _____

- ☐ The member can explain his or her feeding program.
  - Hay _____
  - Grain _____
  - Supplements _____

  In your opinion does it meet the horse's requirements? Yes or No
- ☐ The member can explain his or her horse's health program (what have they done and how often).
  - Vaccinations _____
  - Deworming _____
  - Foot Care _____
  - Dentistry _____

  In your opinion does it meet the horse's requirements? Yes or No
- ☐ The member can explain his or her horse's exercise program.
  - What kind of exercise _____
  - Duration of exercise (hours per day) _____
  - Times per week _____

  In your opinion does it meet the horse's requirements: Yes or No

Handling

- ☐ The member can catch his or her horse safely.
- ☐ The member can halter his or her horse properly.
- ☐ The member can lead the horse safely.
  - At the walk
  - At the jog/trot
- ☐ The member can pick up the horses feet safely and clean the hooves.
  - The condition of the horses feet: (Excellent, Good, Needs work)
- ☐ The horse will tie.
  - Is the knot tied correctly
- ☐ The horse will longe both directions.
- ☐ The horse will load in and out of a trailer.

Showing: The member is required to show his or her horse in halter or showmanship at an AQHA show (novice or introductory).

- ☐ The member has a solid understanding of how to move around the horse for showmanship.
- ☐ The horse standup properly for showmanship and halter.
- ☐ The member has the proper tack to show in showmanship or halter.

Professional Horseman's Recommendations:

Professional Horseman's Signature: _____

Date: _____