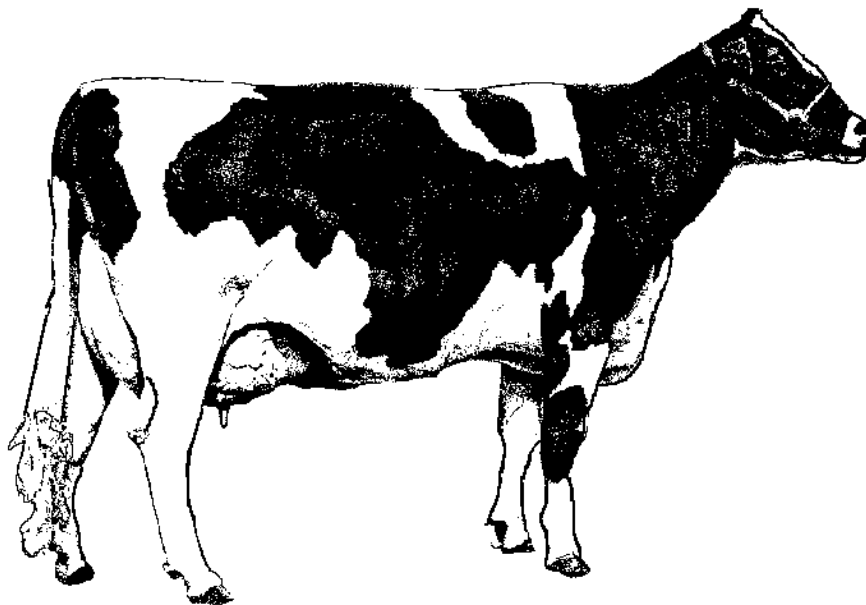


# MORGAN COUNTY 4-H DAIRY PROJECT RECORD BOOK



Name \_\_\_\_\_ Age as of January 1 \_\_\_\_\_

4-H Club \_\_\_\_\_

**DO NOT USE 3-RING BINDERS OR ANY TYPE OF COVER.  
DO NOT ADD ANY ADDITIONAL LITERATURE OR PAGES.**

*It is required that this record book be hand written, preferably in pencil, can use ink*

#### Recommended Daily Gains

Goats -	.25#
Lambs -	.5 #
Hogs -	1.5 #
Beef -	2.5 #

#### **Market livestock programs enable youth to gain skills in**

- ◆ Math
- ◆ Business
  - by understanding and recording expenses and receipts
  - by calculating cost per pound of gain
- ◆ Problem solving by figuring feed rations
- ◆ Critical thinking and decision-making by recording and maintaining records of animal health care insuring a quality product for the consumer
- ◆ Writing and communication
- ◆ Livestock production and management

#### **In order to attain these skills, youth will**

- ◆ Record expense and income derived from the market project
- ◆ Figure feed rations
- ◆ Record animal health actions
- ◆ Calculate feed efficiency and cost per pound of gain
- ◆ Record weight changes and figure average daily gains
- ◆ Record general activities
- ◆ Answer project questions and/or write a project story
- ◆ Include photographs

**Prepared by Marlin Eisenach**

**Morgan County Extension Agent, Livestock, 4-H**

**2008**



# Operating Expenses

*Purchase Price or Value*

## Animals

Date	Animal	Quantity	Total Cost
Transfer Total Cost to Number 2, Page 3			Total Cost \$

## Equipment \*(Divide purchase price by the number of years the item is expected to last to get your total cost)

Date	Item	Purchase Price	Expected to last how many years?	Total Cost this year
Transfer Total Cost to Number 3, Page 3			Total Cost \$	

## Health Care

Date	Item	Quantity	Total Cost
Transfer Total Cost to Number 4, Page 3			Total Cost \$

## Miscellaneous

Date	Item	Quantity	Total Cost
Transfer Total Cost to Number 5, Page 3			Total Cost \$

# Financial Summary

## Receipts/Income

Date	Animals/Products Sold or Value	Amt Received/Value
<b>Total</b>		

## Expenses

*Obtain from Operating Expenses Pages 1-2*

Item #	Expense	Amount
1	Feed	
2	Animals	
3	Equipment	
4	Health Care	
5	Miscellaneous	
<b>Total</b>		

Total Income \_\_\_\_\_

Minus: Total Expenses \_\_\_\_\_

Net Profit/Loss \_\_\_\_\_

# Ration Sheet

Feeding Period (approximate dates): \_\_\_\_\_

Number of Animals Fed: \_\_\_\_\_

## Beginning Ration

Feed Ingredients	Total Pounds fed Daily	Avg. Pounds per Head daily
<b>Total</b>		

Feeding Period (approximate dates): \_\_\_\_\_

Number of Animals Fed: \_\_\_\_\_

## Growing Ration

Feed Ingredients	Total Pounds fed Daily	Avg. Pounds per Head daily
<b>Total</b>		

Feeding Period (approximate dates): \_\_\_\_\_

Number of Animals Fed: \_\_\_\_\_

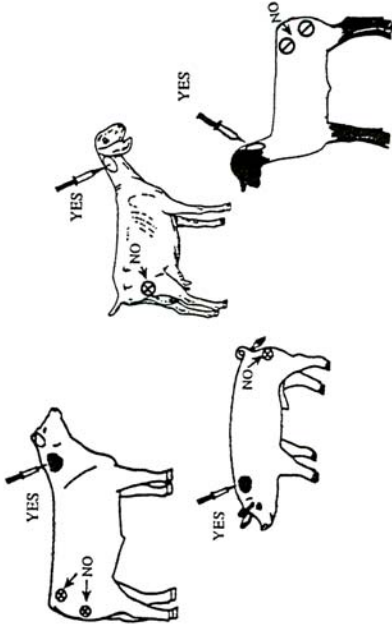
## Finishing Ration

Feed Ingredients	Total Pounds fed Daily	Avg. Pounds per Head daily
<b>Total</b>		

# Animal Health Record

## Suggestions for Proper Injection of Animal Drugs

- ◆ Properly restrain the animal before giving an injection.
- ◆ Give injections according to label instructions. Subcutaneous (SQ) means under the skin; (IV) means into the blood. (Route)
- ◆ When the label directions permit, give injections under the skin so that the muscle tissue is not injured.
- ◆ Use sterilized needles and syringes. Keep the bottle cap clean.
- ◆ Give injections at a clean, dry site on the animal.
- ◆ Do not transfer needles back and forth from animal to bottle because you may carry bacteria from the animal's skin back into the bottle.



Treatment Date & Time	Animal ID Name Species ID Number Description	Condition Treated For	Estimated Weight	Treatment Given (Medication Dispensed, Amount & Route)	Instructed Milk/Meat Withdrawal	Results	Date & Time Withdrawal Complete	If this is an extra label or Rx drug, list the licensed veterinarian's name, address & phone # who prescribed or directed the treatment





# General Activities

Responsibilities in the local club organization this year:

Office held this year:

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Committee(s) served on as chairman or member:

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	<b>Club/Community</b>	<b>County</b>	<b>State</b>	<b>Regional</b>	<b>National</b>
Exhibit	_____	_____	_____	_____	_____
Camp	_____	_____	_____	_____	_____
Field Day	_____	_____	_____	_____	_____
Demonstration	_____	_____	_____	_____	_____
Judging	_____	_____	_____	_____	_____
Project Tour	_____	_____	_____	_____	_____
Achievement Program	_____	_____	_____	_____	_____
Jr. Leadership Training	_____	_____	_____	_____	_____
Project Workshop	_____	_____	_____	_____	_____
Other (list)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Choose one of the activities listed above and give details about your participation.

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# Project Evaluation

**What do you consider most successful about your project this year?**

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**What did you enjoy most about the project?**

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**What did you learn from the project this year?**

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**Did you have any problems? What were they?**

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**If you were to repeat the project, what would you do differently?**

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4-H Member

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Parent/Gaurdian  
*I have reviewed this record*

# Photos

(On this page, label, date and caption no more than 4 photographs)