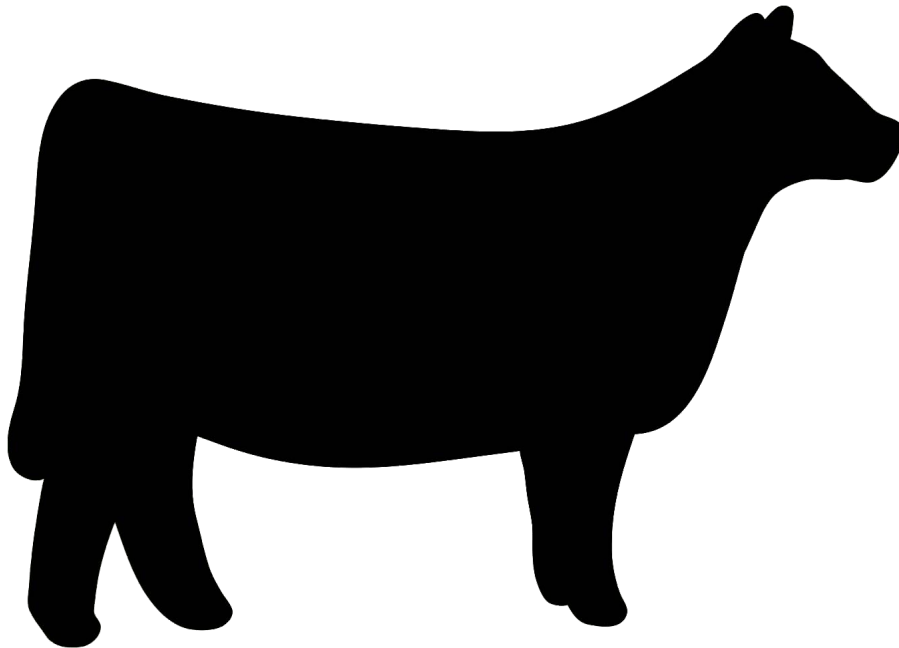


# Section 2: Project Record



## *Beef Heifer*



*Name*

*Club*

**Cornell Cooperative Extension** | **Dutchess County**

*CCEDC is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities. The programs provided by this agency are partially funded by monies received from the County of Dutchess. Please contact the CCEDC office if you have any special needs.*

# 4-H Beef Heifer Project

## Record Book

Period Covered: \_\_\_\_\_ 20 \_\_\_\_\_ through \_\_\_\_\_ 20 \_\_\_\_\_

Member's Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age (as of Jan. 1): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### INFORMATION ON HEIFER PROJECT

NAME OF ANIMAL: \_\_\_\_\_

Tag Number \_\_\_\_\_ Tattoo LE: \_\_\_\_\_ RE: \_\_\_\_\_

BREED: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ BREEDER'S NAME: \_\_\_\_\_

PURCHASE DATE: \_\_\_\_\_

TOTAL PURCHASE PRICE: (if bred and owned please put value) \_\_\_\_\_

#### PEDIGREE

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

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

Identification Attach a Picture

Left and Right Sides

<b>Date of Purchase</b>	<b>Amount (lbs.)</b>	<b>Type of Feed</b> (milk replacer, grain mix , hay, pasture, silage, salt, mineral, supplement)	<b>Cost or Value</b>
<b>Total Lbs.</b>		<b>Total Cost</b>	<b>\$</b>

# How to Calculate Monthly Cost of Feeds

Cost of a bag of grain: \$ \_\_\_\_\_ ÷ \_\_\_\_\_ lbs in the bag = \$ \_\_\_\_\_ per lb

Amount fed: \_\_\_\_\_ lbs per day X \_\_\_\_\_ days (in month) = \_\_\_\_\_ lbs/Month

Monthly cost of grain: \$ \_\_\_\_\_ X \_\_\_\_\_ lbs =  
 (Cost per lb grain) (Total amount fed per month) (Monthly Cost of Grain)

## Supplements (additives for increasing grain, etc.)

Cost of package: \$ \_\_\_\_\_ ÷ \_\_\_\_\_ oz or lb. in container = \$ \_\_\_\_\_ per oz or lb.

Amount fed: \_\_\_\_\_ oz or lb. per day X \_\_\_\_\_ days (in month) = \_\_\_\_\_ oz or lb/month

Monthly cost of supplements: \$ \_\_\_\_\_ X \_\_\_\_\_ oz or lb. =  
 (Cost per oz or lb.) (Total amount fed per month) (Monthly cost of Supplement)

## Hay

Cost of a bale of hay: \$ \_\_\_\_\_ ÷ \_\_\_\_\_ lbs per bale = \$ \_\_\_\_\_ per lb Amount fed: \_\_\_\_\_ lbs per day X \_\_\_\_\_ days (in month) = \_\_\_\_\_ lbs

Monthly cost of hay: \$ \_\_\_\_\_ X \_\_\_\_\_ lbs =  
 (Cost per lb of hay) (Total amount fed per month) (Monthly Cost of Hay)

## VETERINARY SERVICES (vaccinations, dehorning, health papers, other vet supplies and visits)

Who did it?	What was done?	Date	Other Details	Cost
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>TOTAL VETERINARY EXPENSES</b>				\$

## MISCELLANEOUS EXPENSES (bedding, trucking, equipment, show supplies, etc)

What was purchased/expended)?	Why was it purchased?	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL MISCELLANEOUS EXPENSES</b>		\$

## TOTAL PROJECT EXPENSES

Purchase price of animal	
Total cost of feed	
Total veterinary expenses	
Total Miscellaneous expenses	
<b>TOTAL PROJECT COST</b>	

I certify that these records are true and accurate to the best of my knowledge.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# YEAR IN REVIEW

*Specific to your project, answer the following questions. Please add drawings, pictures, diagrams or newspaper clippings.*

What were your goal(s) for this year?

Did you achieve them? Explain why or why not.

What was your greatest accomplishment this year?

What do you want to work on or learn about next year?

## Year in Review continued

Use this space to add additional feedback on your project this year.

## Summary of Club Meetings attended in the current 4-H Year

This record is of business meetings and educational activities done as a club. It does not include special events such as countywide events, field trips, shows, the fair, etc.

Club Name:

Club Leader(s)

Club meetings attended this year	# Meetings held by Club	# Meetings you attended	% Meetings you attended	# Hours you attended
A minimum of 6 meetings per year is required by all clubs. What percentage attendance is required by your club? <div style="display: flex; align-items: center; margin-top: 10px;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> %         </div>				



## Summary and Declaration

Those youth completing all 4-H expectations will be deemed as being in “GOOD STANDING” for the current 4-H year. This is an accomplishment to be proud of and will be rewarded with a Certificate and 4-H Achievement Pin.

Complete the table below to be eligible for this award by checking the box to certify you fulfilled each expectation.

4-H Expectations to complete the 4-H Year in GOOD STANDING	State YES if you completed this
Enrolled in 4-H by May 31 of the current 4-H year	
Always abided by the 4-H Code of Conduct	
Attended at least the minimum number of meetings required by my club(s)	
Met all 4-H and Club deadlines on time	
Completed a County-level Public Presentation	
Submitted MY 4-H Story in the correct format on time	
Submitted my completed Project Record Book on time	

I hereby declare that this 4-H Record Book, which contains:

Section 1: My Personal Development Record; and

Section 2: My Project(s) Record(s)

is a true record of my activities/accomplishments from the current 4-H year.

I confirm that, so far as is reasonably possible given my age and abilities, it is my own work.

**Signed by 4-H'er:**

**Signed by Club Leader:**