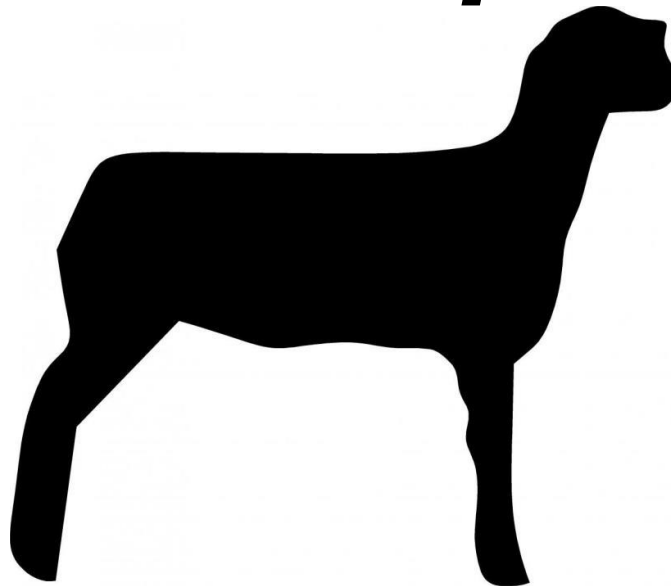


# Section 2: Project Record



## Sheep



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.*



## DUTCHESS COUNTY 4-H

### SHEEP PROGRAM

### **PROJECT OBJECTIVES:**

The purpose of the project is to help 4-H Club members to:

1. Gain knowledge and skill in the principles of animal selection, breeding, feeding, management, fitting and showing, marketing, record keeping, and business.
2. Promote and develop leadership and desirable traits of character.
3. Develop a greater love of sheep and experience ownership.
4. Contribute towards the improvement and promotion of the sheep industry and learn the means of producing high quality sheep.
5. Prepare for the future by developing leaders and responsible citizens.

### **REQUIREMENTS:**

1. Be an Independent Member or a member of a 4-H club and attend meetings regularly.
2. Follow the leadership of the project leaders and Extension Staff.
3. Conduct a sheep project.
4. Complete a County Level Public Presentation, participate in Community Service and keep an accurate and up to date record book for each area of participation.



# Youth Livestock Sale Record Book

Note: These records are required to sell at the Dutchess County Fair (DCF)  
Expense information must be complete by weigh in at DCF for animal to be  
eligible to show in livestock sale class.

Record book must be completed at mandatory meeting on Sunday of DCF

Period covered: \_\_\_\_\_ 20\_\_\_\_\_ through \_\_\_\_\_ 20\_\_\_\_\_

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

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age (as of Jan. 1): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ # yrs. in project including this year: \_\_\_\_\_

Name of Club: \_\_\_\_\_

## INFORMATION ON SALE PROJECT

Name of animal: \_\_\_\_\_ Ear tag/Tattoo: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

Sellers Name: \_\_\_\_\_

Purchase date: \_\_\_\_\_

Purchase weight: \_\_\_\_\_

(Specify if scale weight or tape weight)

Total purchase price: \_\_\_\_\_

**(Must put a value if bred and owned)**

# AVERAGE DAILY GAIN

Will be calculated on the starting weight taken at weigh-in of the current project year.

Scale Weight at weigh-in: \_\_\_\_\_ Date: \_\_\_\_\_

Weight at DCF: \_\_\_\_\_ Date: \_\_\_\_\_

## Calculate the Average Daily Gain (ADG)

A. Weight in pounds gained (weight at DCF minus weight at weigh-in): \_\_\_\_\_

B. Total number of days between the weigh-in and DCF (use a calendar): \_\_\_\_\_

Weight gained (A) \_\_\_\_\_ divided by # days (B) \_\_\_\_\_ = **ADG** \_\_\_\_\_ pounds

## MARKETING YOUR PROJECT

Describe how you marketed your Project:(attach copies of letters sent to buyers, photos used, etc.)

Add additional pages to provide a clear picture of your efforts.

# FEEDING RECORD

Complete the following table to indicate the number of pounds of each feed fed per month, and the total cost of each feed per month.

Item:	Type of Feed 1		Type of Feed 2		Type of Feed 3		Type of Feed 4		Hay		Pasture		Salt/Mineral	
	lbs	cost	lbs	cost	lbs	cost	lbs	cost	lbs	cost	days	cost	lbs	cost
Oct														
Nov														
Dec														
Jan														
Feb														
Mar														
Apr														
May														
Jun														
Jul														
Aug														
<b>Total lb fed</b>														
<b>*Total cost</b>														

**TOTAL COST OF ALL FEEDS FOR THE PROJECT: \$ \_\_\_\_\_**

**HELPFUL NOTES: Suggested Value of Home Grown Feed**

**Hay** = \$85- \$125/ Ton    **Corn Silage** = \$25-\$35/Ton    **Oats** = \$100-\$140/Ton    **Ear Corn** = \$65-\$100/Ton    **Pasture** (minimum value) = \$5/Animal per month

To covert number of bales of hay fed into pounds, use the figure of 45lbs/ bale (example: 50 bales fed for year x 45lbs/bale = 2250 pounds of hay fed)

## VETERINARY SERVICES (vaccinations, dehorning, health charts, 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>	

# PROJECT SUMMARY PAGE

a. Sale price of project animal	\$
b. Cost of commissions	\$
c. Income from sale of animal (a – b)	\$
d. Total project cost	\$
<b>e. Profit or loss (c – d)</b>	<b>\$</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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PROJECT ANIMAL REPORT – Please fill in the applicable information for your project (either breeding or market).

## PROJECT INFORMATION

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Please Check: Single      Twin      Triplet      Quad  
Flock Tag #: \_\_\_\_\_ Registration #: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date Purchased (if applicable): \_\_\_\_\_ Seller: \_\_\_\_\_  
Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

## BREEDING INFORMATION – Please complete if your project animal is a ewe with lambs.

Date(s) Bred: \_\_\_\_\_ Bred To: \_\_\_\_\_  
Date Lamed: \_\_\_\_\_ # of Lambs: \_\_\_\_\_ Lamb Birth Weights: \_\_\_\_\_  
Please Check: Single      Twin      Triplet      Quad

## PARASITE CONTROL

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

## HOOF CARE

Dates Trimmed: \_\_\_\_\_

## SHEARING

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_



**VACCINATION RECORD**

*Clostridium Perfringens Types C & D – Tetanus Toxoid (CDT) – Overeating Disease*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

2<sup>nd</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**OR**

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Rabies*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Sore Mouth*

Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**SHOW RECORD** – Please keep records from all of the shows that you attended with your animal(s).

Date	Show	Class	Placing	# of Entries	Premium

**OTHER HEALTH PROBLEMS/OVERALL COMMENTS:**



# PROJECT ANIMAL REPORT – *Lambs*

Please complete a report for each of your project animals (one sheep per sheet).

## PROJECT INFORMATION

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Please Circle:    Single            Twin            Triplet            Quad

Flock Tag #: \_\_\_\_\_ Registration #: \_\_\_\_\_ Sex: \_\_\_\_\_

Date Purchased (if applicable): \_\_\_\_\_ Seller: \_\_\_\_\_

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

Purchase/Birth Weight: \_\_\_\_\_ 60 Day Weight: \_\_\_\_\_ 120 Day Weight: \_\_\_\_\_

Date Docked: \_\_\_\_\_ Date Castrated: \_\_\_\_\_ Date Weaned: \_\_\_\_\_

## PARASITE CONTROL

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

## HOOF CARE

Dates Trimmed: \_\_\_\_\_

## SHEARING

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_

## LAMB STATUS

\_\_\_\_ Added to Flock            \_\_\_\_ Died            \_\_\_\_ Sold for \$ \_\_\_\_\_

**VACCINATION RECORD**

*Clostridium Perfringens Types C & D – Tetanus Toxoid (CDT) – Overeating Disease*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

2<sup>nd</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**OR**

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Rabies (Be sure this is done 2 weeks before your first show.)*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Sore Mouth*

Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**SHOW RECORD** – Please keep records from all of the shows that you attended with your animal(s).

Date	Show	Class	Placing	# of Entries	Premium

**OTHER HEALTH PROBLEMS/OVERALL COMMENTS:**

## **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? <input style="width: 165px; height: 60px; margin-left: 20px;" type="text"/>				

**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:**