Juneau County 4-H

Record Book Form

**LIVESTOCK PROJECT FOR 20**

# SKILLS LEARNED

Years in Project:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Skills | Learned or improved | | Skills | Learned or improved | |
| This year | Past years | This year | Past years |
| Feed - nutrition |  |  | Ear tag/tattoo |  |  |
| Groom |  |  | Evaluate animals |  |  |
| Choose/cull animals |  |  | Know healthy animal |  |  |
| Trim feet |  |  | Control parasites |  |  |
| Lead/walk properly |  |  | Administer medication |  |  |
| Check age |  |  | Clean housing |  |  |
| Identify breeds |  |  | Fit for show |  |  |
| Identify parts |  |  | Know products/cuts |  |  |
| Identify diseases |  |  | Animal safety |  |  |

Describe classes, workshops or learning experiences (inc. help from others).

**FINANCIAL AGREEMENT**

The project is:

* Owned (Project financed by me.)
* Partnership (I share financial costs.)
* Managerial (Someone else owns the animal, but I manage and care for it.)

I have the following financial understanding with my parents

for the costs involved in this project.

* I pay for all expenses
* My parents pay for all expenses
* I borrow the money from my parents and pay them back.
* Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Member’s Signature) (Parent/Guardian Signature)

What are 2 things you would like to learn in this project?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT EXPENSE SUMMARY INCOME SUMMARY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Feed/Bedding | Medication/Equipment | Other | Totals | Prod**.** | Other | Totals |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**MANAGEMENT PRACTICES**

|  |  |  |
| --- | --- | --- |
| Date | Type of Health Care | Describe Feeding Program |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The worth or value of a 4-H project is measured by new things learned, time spent, enjoyment, in addition to the economic loss or gain. Tell about the new things you learned, the enjoyment, and the problems of your project.

Would you recommend this project to a friend? Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_