

2020 Hardin County Livestock Project Record

Market Steers & Market Heifer
Dairy Feeder Calves
Market Hogs
Market Lambs
Market Goats
Pen of 4 Broilers (chickens)
Market Turkeys
Pen of 3 Market Rabbits
Market Ducks

Complete sections
A,B,C,D,E-1,F,G,H,I,J,K

Dairy Cows & Dairy Heifers
Fancy Poultry & Pullets
Breed Rabbits (non market)
Dairy, Breeding, & Specialty Goats
Exhibition Ducks
Beef Breeding & Beef Feeder Calves
Sheep Breeding
Exhibition Turkey (Fancy)
Horse

Complete Sections
A,B,C,D,E-2,G,H,J,K
(Not F)

Name: _____

Project(s): _____

Quality Assurance Completed on _____, _____
Date Location

You will need one Livestock Project Record for each species you are raising. **Note:** Be sure to provide "totals" in all sections where indicated. Complete every section indicated above for your project.

I have reviewed this record and found it to be complete and accurate.

Parent/Guardian Signature

A. Beginning Picture of Project Animal(s)

Attach a picture of your animal(s) here, taken at the beginning (when you first obtained) your project animal. **Date:** _____



B. Project Animal Information (Beginning Animal Roster)

Identification of animal (a)	Sex	Breed	Date Purchased (or born)	Purchase price or value at start
				\$.
				\$.
				\$.
				\$.
				\$.
				\$.

(a) Ear tag number, ear notch, tattoo, etc.

Total Value of animals started with or purchased
\$ _____

C. Goals and Accomplishments for this Project

Choose at least five (5) goals for your project. Goals should be established at the beginning of the project. They should be challenging, yet attainable. They should be stated in terms of definite outcomes. At the close of the project, the accomplishments should be compared with the goals. Check off what you plan to do or write your own goals in the space provided. Then, have an adult initial and date the goals you complete.

Goals:	Date Achieved	Adult's Initials
Achieve a target rate of gain for my market animal(s)	_____	_____
Observe and care for my animal daily	_____	_____
Learn a new livestock management skill. Describe:	_____	_____
Complete required tag-in or identification of animal(s)	_____	_____
Do a demonstration on an aspect of livestock production or mgt.	_____	_____
Complete my record book and have it reviewed by an adult	_____	_____
Raise my animal(s) to completion	_____	_____
Take full responsibility for the fitting and showing of my animal(s)	_____	_____
Learn how to prepare my project animal(s)	_____	_____
Participate in a Youth Livestock Quality Assurance Program	_____	_____
Implement routine health care (vaccinations, deworming, etc.)	_____	_____
Weigh or estimate wt. of animal regularly so as to make wt goal	_____	_____
Practice training/handling my animal at home for at least 5 weeks	_____	_____
Know the veterinarian I would call for animal health care (VCPR)	_____	_____
Attend a show prior to my own to observe and learn	_____	_____
Participate in a Project Clinic for my specie	_____	_____
Complete my own Fair Entry Cards and DUNF accurately	_____	_____
Exhibit my animal(s) at a county or independent fair	_____	_____
Exhibit my animal(s) at The Ohio State Fair	_____	_____
Participate in a project evaluation	_____	_____
Participate in showmanship	_____	_____
_____	_____	_____



E-1. Youth Livestock Quality Assurance *(This section should be completed by all projects required to attend Quality Assurance Program)*

Date I attended Quality Assurance Education: _____

Place: _____

List the 3 Good Production Practices for 2020:

#___ Title: _____

#___ Title: _____

#___ Title: _____

E-2. Breed Information *(This section should be completed by Fancy Poultry, Pullets, Breed Rabbits, Exhibition Ducks and Exhibition Turkeys, Horse)*

What is your breed? _____ Is it in the Standard of Perfection? _____

What is the country of origin for your breed? _____

What class does your project show in? _____

Name 2 other breeds that show in the same class as yours 1. _____ 2. _____

F. Rate of Gain (Calculating Average Daily Gain)

This section (F) should be completed by all market animal projects. If you have not weighed your animal(s) otherwise, use the weigh-in at fair weight as your final weight.

Average Daily Gain (A.D.G.)

Animal ID	Final Weight - Beginning Weight = Total Gain ÷ Days in Feeding Period = Average Daily Gain
1st Animal _____	_____(lbs) - _____(lbs) = _____(lbs) ÷ □days = _lbs/day
2nd Animal _____	_____(lbs) - _____(lbs) = _____(lbs) ÷ □days = _lbs/day
3rd Animal _____	_____(lbs) - _____(lbs) = _____(lbs) ÷ □days = _lbs/day

What is the typical Average Daily Gain for your animal specie? _____

How does your animal's A.D.G. compare to this? _____

G. Feed Record Summary

Start your record whenever you began feeding your animal. For breeding stock you have year round, start this record on Jan. 1st. It is not possible to raise an animal and have no feed costs. Do not leave this section blank. If you have an agreement to use feed from your parent's farm, or some other arrangement, calculate the pounds and value of the feed as if you had purchased it.

Date	Complete Pelleted Feed		Hay, Silage or Pasture		Grain		Supplements/ Additives		Other Ex. Salt Blocks	
	Lbs.	Value	Lbs.	Value	Lbs.	Value	Lbs.	Value	Lbs.	Value
		\$.		\$.		\$.		\$.		\$.
	
	
	
	
	
	
	
	
Total		\$.		\$.		\$.		\$.		\$.

(Add the total of the 5 feed Columns)

Total Feed Cost \$_____.

Attach Tag Here

Feed Tag It is important for every producer to know what they are feeding and to understand how to read a feed tag. Tape or staple one feed tag or feed mix receipt (i.e. list of ingredients and amounts) to this page from ration fed during your project. (2 pt. deduction if no tag is attached.)

H. Treatment Record

Include any and all types of health care treatment, for example: medicated feeds, worming, vaccinations, prescription, and non-prescription drugs. **If no treatments were given, write "none"**. Note: It is rare to have no health care treatments. If you write none here, you may not be caring for your animals properly.

TREATMENT RECORD								
Treatment Date and Time	Animal ID -Name -Species -ID Number -Description	Condition Being Treated	Estimated Weight (lbs)	Treatment Given (Medication dispensed, Amount & Route)	Instructed Meat/Milk/Egg Withdrawal	Name of Person Giving Treatment	Date & Time Withdrawal Complete	If this is an extra label or Rx drug, list the name, address, and phone number of the licensed veterinarian who prescribed or directed the treatment

I. Income

Source of Income: Examples include: Sale of milk, eggs, breeding stock, show awards, etc. Include all sources of income other than sale of animals here. If you had no income write "None" and \$0.00.		Value \$

Total Income \$ _____

J. Closing Animal Roster

If you plan to sell your animal through a Jr. Fair Livestock Sale, or your extra animals through a livestock market (like Producers), use an average market price during the month or week of your fair, and complete the summary below **prior to your skillathon**. Check for average price at a location **where you would sell your animal(s) if you were not going to market it at a fair**.

Examples of places you can find market prices: <http://www.uproducers.com/market-result-detail/> or <https://www.farmanddairy.com/markets/ohio>. For small animals: jacksonlivestock.net (see Saturday sale results).

Identification of Animal	Value at close of project or Estimated Sale Value
Animal(s) used at home ID: _____	Value \$ _____
ID: _____	Value \$ _____
Animal to be sold at Jr. Fair Sale ID: _____	_____ wt. x Ave. Market Price _____ = \$ _____ est. sale value
Animal(s) to be sold at other Livestock Market ID: _____	_____ wt. x Ave. Market Price _____ = \$ _____ est. sale value
Animal(s) to be sold at other Livestock Market ID: _____	_____ wt. x Ave. Market Price _____ = \$ _____ est. sale value

K. Profit or Loss Statement *

*Do not leave this section blank, complete as if animal(s) were sold at market price. See Note above.

Income

- | | |
|--|----------|
| 1. Value of animals used at home (Section J) | \$ _____ |
| 2. Value of animals sold (Section J) | \$ _____ |
| 3. Other Income (From Section I) | \$ _____ |
| Total Income (add 1, 2, and 3) | \$ _____ |

Expenses

- | | |
|--|----------|
| 4. Value at the start of project or purchase price (Section B) | \$ _____ |
| 5. Expenses (Section D) | \$ _____ |
| 6. Feed costs (Section G) | \$ _____ |
| Total Expenses (add 4, 5, and 6) | \$ _____ |
| Total Profit or Loss (Total Income - Total Expenses) | \$ _____ |