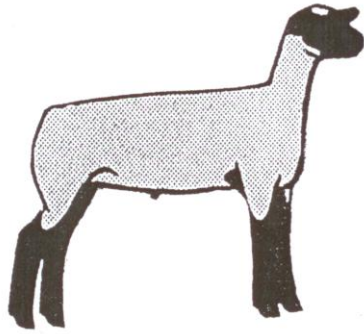




Osceola County 4-H Record Book Sheep Senior (15-19)



Place Beginning Project Picture Here

Place Ending Project Picture Here

Name: _____

Birthdate: _____ **Fair Age (as of Jan. 1)** _____

Address: _____

Club: _____

Years in 4-H: _____ **Years in Project:** _____

Member's Signature: _____

Parent's Signature: _____

Leader's Signature: _____

4-H Information

4-H History

Answer the question

4-H was founded in what year?

Who founded 4-H?

In which state was 4-H founded?

In which county was 4-H founded?

The 4-H Motto

Fill in the Blank

“ _____ ”

The 4-H Slogan

Fill in the Blank

“ _____ ”

How has 4-H impacted your life?

Describe in detail

Showmanship

Top 5 goals of showmanship:

1) _____

2) _____

3) _____

4) _____

5) _____

List 3 ways you improve since previous year:

1) _____

2) _____



3) _____

List 5 ways that you can help others this year:

1) _____

2) _____

3) _____

4) _____

5) _____

Meetings / Participation

Keep track of meetings/events that you have participated in. Put a check in the appropriate month.

Description	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Osceola Livestock Club (OLC)												
Club Meetings (list)												
General Meetings (list)												
County Events: (list)												
State Events: (list)												
Community Service: (list)												
Committees: (list)												
Other: (list)												

Examples: Shows, Clinics, Workshops, etc.

My Market Animal Project

Scrapies and/or RFID Tag #	Name of Animal

1. Why did you select the sheep project? _____

2. What were the factors you considered when choosing your project? (i.e. body correctness, hair, breed) _____

3. When did you purchase your animal and why did you choose that date/age? _____

4. How did you decide on your target weight of your animal based on what factors? _____

5. How many and what kinds of animals did you care for? (Examples: 2 crossbred hogs, 1 angus steer)

6. What is a major factor influencing your project area industry at this time? _____

7. What is a good back fat for your project? _____

8. What do the Average Daily Gain results (page 9) tell you and what is a good rate of gain for your project animal? _____

9. List three things you have learned in your project this year.
 - a. _____
 - b. _____
 - c. _____

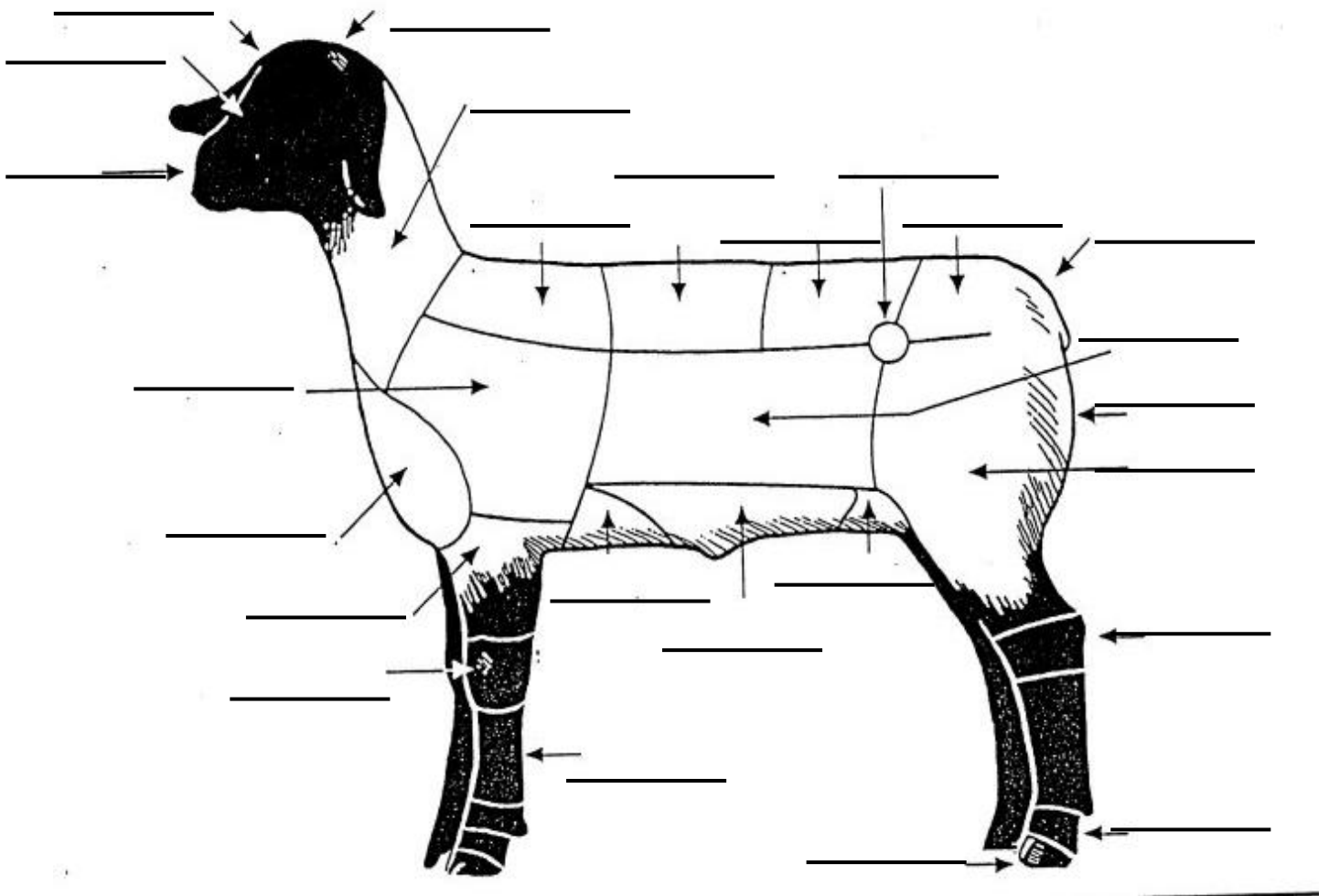
10. Who has influenced you the most this year in this project and why? _____

11. List 3 things you would like to change about your project animal this year **OR** list 3 things you wish you would have done differently with your animal this year?

1. _____
2. _____
3. _____

12. List the names of 3 people/businesses/community members that have helped you in your sheep project:

1. _____
2. _____
3. _____



Body Parts: Write in the name of each body part on the line. Please write legible and use correct names of parts.

Diseases: List 5 diseases and the signs and symptoms of each

Name of Disease:

Signs and symptoms:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

By-Products: List 5 by-products and where they come from

By-Product:

Source:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Retail Cuts: List 6 retail cuts and where they come from

Retail Cut:

Source:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

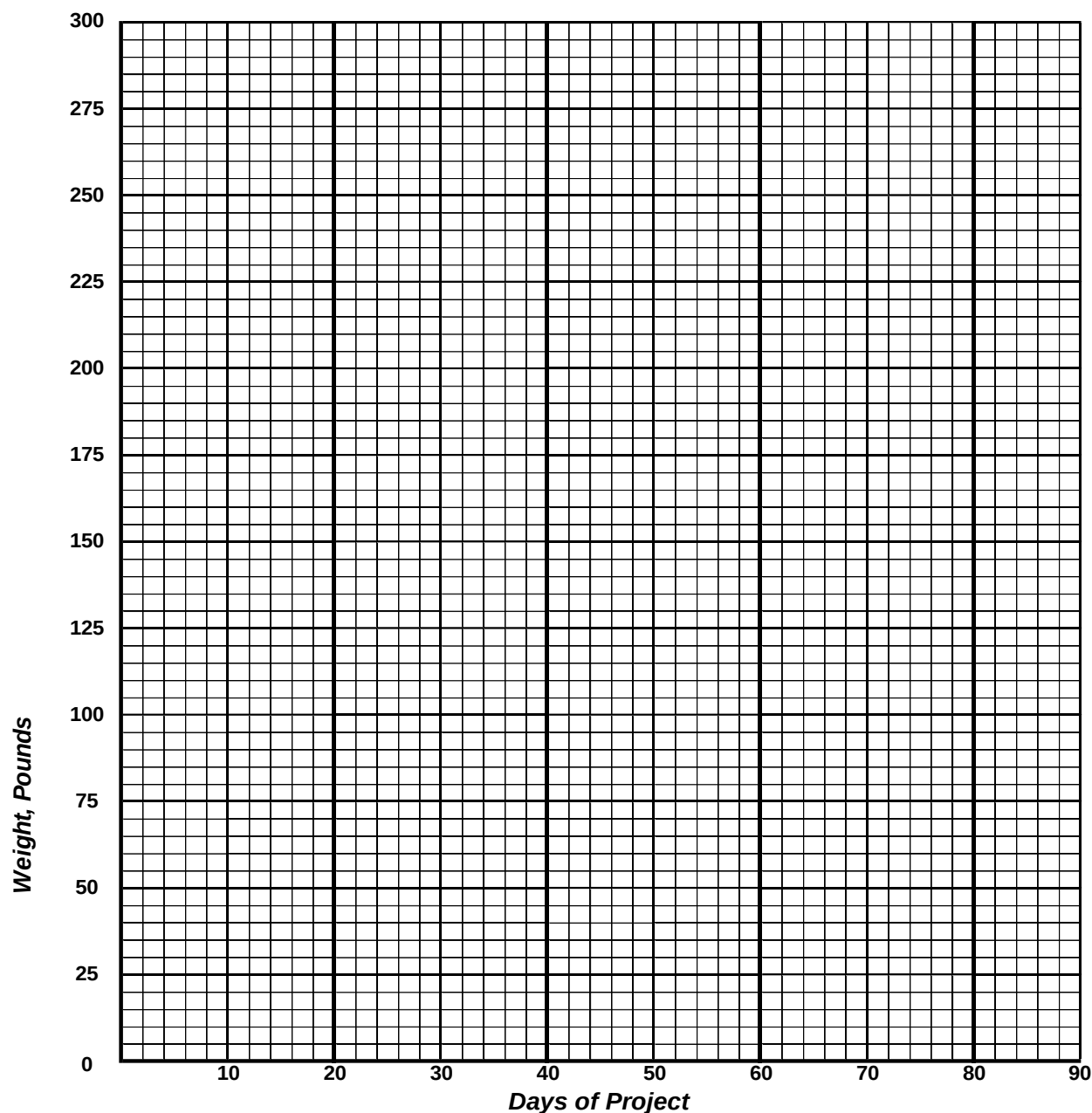
Breeds: List 5 Breeds and where they originated from

Breed:

Originated from:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Sheep Weigh Chart



Knowing how much your animal is gaining each day is a critical part of raising a healthy animal. Weights can be measured by using scales, weight tapes, or estimated. Keep track of the weights in the table below and draw the results in the chart above.

Date Weighed									
# of Days									
Weight									
Lbs. Gained									
A.D.G. *									

* A.D.G. = Average Daily Gain Calculated by pounds gained divided by # of Days

For examples of how to complete this page, please contact the County 4-H Office.

Sheep Feed / Expense Record

Name 3 of the ingredients in your feed and tell why your animal needs that ingredient:

[illegible]

Describe your feed mixture at beginning of your project and at the end of the project? Why did you make those change?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Expense Record							
Pounds Fed	Jan	Feb	Mar	Apr	May	Jun	Jul
Hay / Roughage							
Grains (include all types of grain: corns, oats, etc.)							
Minerals							
Other							
TOTAL Pounds Fed:							
TOTAL Cost of Feed:	\$	\$	\$	\$	\$	\$	\$
Expense Items	Jan	Feb	Mar	Apr	May	Jun	Jul
Veterinary Charges							
Vaccinations/Wormer							
Bedding							
Housing							
Trucking & Pictures							
Other							
TOTAL Expense Items:	\$	\$	\$	\$	\$	\$	\$

Project Performance Summary

	-		=		/		=	
Ending Weight	minus	Beginning Weight	equals	Pounds Gained	divided by	Days on Feed	equals	Average Daily Gain

	/		=	
Total Feed Cost	divided by	Total Lbs. of Gain	equals	Feed Cost per Pound of Gain

	/		=	
Total Lbs. Of Feed Fed	divided by	Total Lbs. of Gain	equals	Lbs. Of Feed Fed per Lb. Of Gain

Financial Summary

INCOME					
<i>Ending Weight:</i>	X	<i>Market Price:</i>	=	<i>Income from Animal:</i>	
Other Income: (List items:)					
TOTAL INCOME					

EXPENSES		
Purchase price of animal (if homegrown = market value @ weigh in)		
Cost of Feed (page 8)		
Cost of other Expense items (page 8)		
TOTAL EXPENSES		

PROFIT / (LOSS): Income minus Expense (negative number equals a loss)	
--	--

Breeding Stock Animals

Name	Scrapie/Tattoo#	Breed	Age	Sex

Pictures

Financial Summary

Record of Feed Expenses		
Month	Type of Feed	Cost
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
July		
Total Feed Expenses		\$

Other Expenses		
Month	Type of Expense*	Cost
Total Other Expenses		\$

*Type of expense may include housing, bedding, medications, veterinary fees, breeding fees, equipment purchases, or registrations, etc.

INCOME		
Month	Type of Product*	Market value of Product**
Total Income		\$

*Type of product includes animals sold, products sold or used at home (ie. Milk, meat, feeding calves/pigs), breeding/stud fees, premiums won.

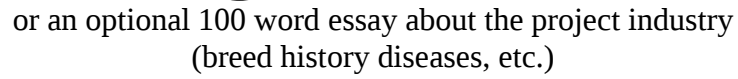
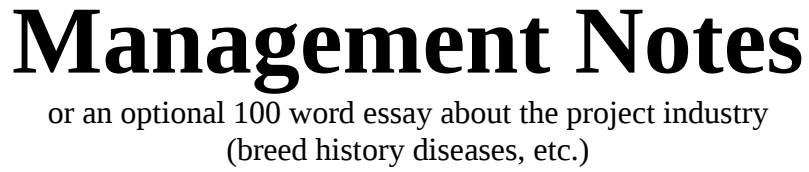
**For products used at home what would the market value be (ie. Goats milk in stores sells for what?).

Financial Summary

Total Feed Expenses	\$
Total Other Expenses	\$
Total Expenses	\$

Total Income	- Total Expenses	= Profit/Loss
\$	\$	\$

In reviewing your financial statement, will you make any changes for next year and what would those changes be?

Osceola County Livestock Record Book



More Project Photos

