



**SAWYER COUNTY
4-H PROJECT RECORD**



DAIRY GOATS PROJECT

Name:	
Years in Project:	Years in 4-H:

PLANNING

In this project, I would like to do and learn:

SUMMARY OF EXPENSES AND INCOME

Date	Description of Income or Expense	Income	Expense
	Total Feed Expenses		
	Total Income and Expenses		

INFORMATION ABOUT YOUR ANIMAL

Name:	Breed:
Date of birth:	Date Project Started:
Ear tag number:	Tattoo number:
Scrapies tag #	
If registered, registration number:	
Sire name and number:	
Dam name and number:	

CURRENT IMMUNIZATION AND VETERINARY SERVICE RECORDS

Date	Illness, Vaccination, Problem	Treatment

BREEDING AND BIRTHING RECORD

Breeding history for:	Date Bred	Date Bred	Date Bred	Settled to: (Sire)	Birth Date	# male and # female live births
1 st birth						
2 nd birth						
3 rd birth						

RECORD FEEDING & MILK PRODUCTION (if applicable)

Month	Grain		Hay		Days on pasture	Amount of milk produced
	Amount	Price	Amount	Price		
October						
November						
December						
January						
February						
March						
April						
May						
June						
July						
August						
TOTALS:						

CARE

Describe the normal daily care routine of your dairy goats (feeding, watering, bedding, exercising, record keeping, etc.)

SHARING

How did you share what you learned with others? (Demonstrations, community service, talking to local clubs, helping other youth, Talent Explosion, district shows, State Fair, Clothing Revue, Food Revue, etc.) Do not include Sawyer County Fair.

Activity	Date/Location

SAYWER COUNTY FAIR EXHIBIT RECORD FOR THIS PROJECT

What was exhibited	Placing

WAYS YOU RECEIVED HELP THIS YEAR INCLUDE: (check all that apply)

<input type="checkbox"/>	Attended project training offered in the county
<input type="checkbox"/>	Attended project training offered at District or State Level
<input type="checkbox"/>	Guidance from 4-H Leader
<input type="checkbox"/>	Guidance from Parent
<input type="checkbox"/>	Reading and use of literature, books, audio visual resources
<input type="checkbox"/>	Guest presenters
<input type="checkbox"/>	Own knowledge
<input type="checkbox"/>	Help from friends/other youth
<input type="checkbox"/>	Other (describe)

REFLECTING

What did you do in this project?
What did you learn in this project? What did you learn about yourself?
What did you like about this project? Why?
What would you do differently in this project?
How can you use what you learned in other areas of your life?