



SAWYER COUNTY 4-H PROJECT RECORD



DAIRY 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

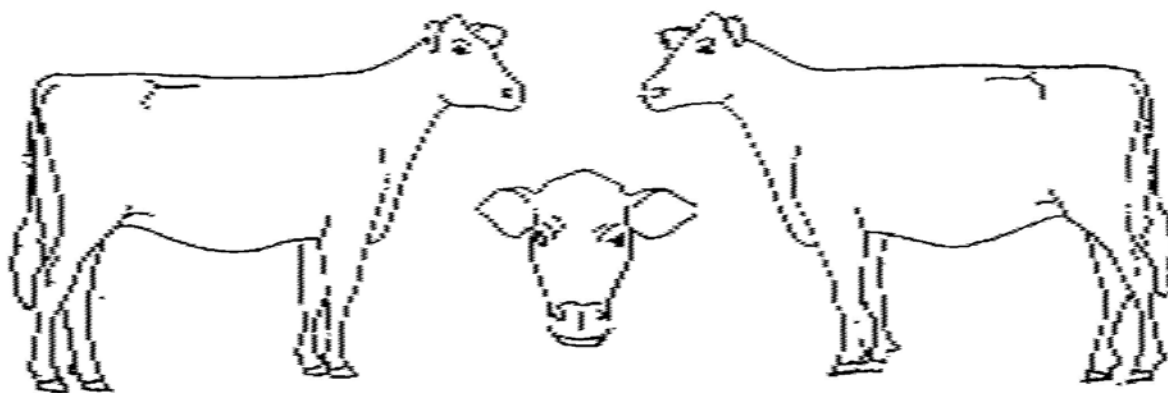
Date	Description of Income or Expense	Income	Expense
Total Income and Expenses			

LIFETIME DAIRY RECORD (Pages 2 & 3 required for each animal in your project. Copy as needed)

One of these forms is needed for each 4-H dairy project animal. Use it from year to year as long as this animal is your 4-H project.

IDENTIFICATION

Identify each of your 4-H dairy project animals. Draw and color markings or attach a photo.



INFORMATION ABOUT YOUR ANIMAL

Name:	Breed:
Date of birth:	Date Project Started:
Ear tag number:	Tattoo number:
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 CALVING RECORD

Breeding history for:	Date Bred	Date Bred	Date Bred	Settled to: (Sire)	Calving Date	Sex of Calf	Calf's ear tag # and/or record of disposal
1 st calf							
2 nd calf							
3 rd calf							
4 th calf							
5 th calf							
6 th calf							

PRODUCTION SUMMARY

Age	Date Fresh	Total Production				Value of Product	Estimated Feed Cost	Income Over Feed Cost	Cow Index*
		Days	Milk	%	Fat				

*Cow's rank in heard (EATA, Relative Merit, etc.) for milk

What are the primary strengths of this animal?

What are the primary weaknesses of this animal?

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

SAWYER 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?
