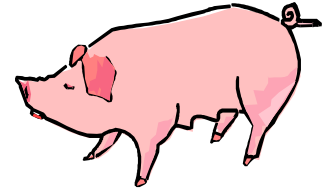




**SAWYER COUNTY
4-H PROJECT RECORD**



SWINE 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 Expense		
Total Income and Expenses			

INFORMATION ABOUT YOUR ANIMAL (This page required for each animal in your project. Copy as needed)

Name:	Breed:
Date of birth:	Litter number:
Ear tag number:	Individual pig number in the litter:
If registered, registration number:	
Sire (boar) name and number:	
Sow name and number:	

VACCINATION & TREATMENT RECORD

Date and time of treatment	Estimated Weight of Pig	Vaccination or Condition being treated	Treatment given (medication dispensed, amount and route of administration)	Instructed Withdrawal	Withdrawal completed (date and time)

BREEDING AND FARROWING RECORD (for breeding animal)

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

MARKET ANIMAL GROWTH RECORD (for market animal)

Name or ID of animal	Birth Date	Initial Weigh-in weight	Initial Weigh-in date	Final Weigh-in weight	Final Weigh-in date	Total weight gain	Total days fed	Average daily gain

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?