** BEEF**

**4-H PROJECT RECORD**

**(Maximum two photos per animal/item)**

**This year’s goals:**

|  |
| --- |
| **Project animal(s)/item(s):**  |
|  |
|  |
|  |
|  |
|  |

**What I did and learned in this project this year:**

**Achievements/Accomplishments:**

**Problems and solutions:**

**Where/who I received help from and how they helped:**

**Examples of leadership:**

**When choosing animals to improve your breeding herd, what were the characteristics you were looking for and why were these traits important to you?**

**Future goals:**

 **Market Beef Report**

**Animal tag #: Purchase price or value: $**

**Starting weight (if unable to weigh your animal at home, mark N/A):**

**Fair weight (finished weight):**

**Rate of gain (if no starting weight, mark N/A):**

**Animal sold for: $ Market price per pound: $**

**Animal tag #: Purchase price or value: $**

**Starting weight (if unable to weigh your animal at home, mark N/A):**

**Fair weight (finished weight):**

**Rate of gain (if no starting weight, mark N/A):**

**Animal sold for: $ Market price per pound: $**

**Animal tag #: Purchase price or value: $**

**Starting weight (if unable to weigh your animal at home, mark N/A):**

**Fair weight (finished weight):**

**Rate of gain (if no starting weight, mark N/A):**

**Animal sold for: $ Market price per pound: $**

**Market Beef Financial Report**

**(Total of all animals from Market Beef Report)**

**Expenses:**

1. Purchase price or beginning value (from Market Beef Report): $
2. Feed cost: $ (cost/bag: $ , total feed used in lbs: #)
3. Bedding cost: $
4. Health records and veterinary costs: (List below any vaccination used, worming and other herd health treatment plan protocol)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Condition treated | Treatment used | Other information(withhold times) | Cost |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Supply costs: (List supplies purchased on chart below with each cost)

|  |  |  |
| --- | --- | --- |
| Date | Item purchased | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Transportation (if none, mark N/A): $
2. Entry fees (if none, mark N/A): $
3. Other expenses (if none, mark N/A): $

Total expenses (A through H): $

**Income:**

1. Sale of animal(s): $
2. Fair premium(s): $
3. Other income (if none, mark N/A): $

Total income (I through K): $

**Profit or Loss: $**

**Beef Breeding Stock Record**

**(exhibited animals only)**

**Inventory**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Calves/Heifers/Cows/Bulls | Number of animals | Breed | Value as of Sept. 1 or purchase/born date | Value as of Aug. 31 or sell date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Totals** |  |  |

Transfer the end value to your financial report.

**Beef Breeding Stock Financial Report**

**(Total of all animals from Beef Breeding Stock)**

**Expenses:**

1. Total beginning animal inventory value (from Beef Breeding Stock Record): $
2. Total feed cost: $ (cost/bag: $ , total feed used in lbs: #)
3. Total bedding cost: $
4. Health records and veterinary costs: (List below any vaccination used, worming and other health treatment plan protocol)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Condition treated | Treatment used | Other information(withhold times) | Cost |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Supply costs (List supplies purchased on chart below with each cost)

|  |  |  |
| --- | --- | --- |
| Date | Item purchased | Cost |
|  |  |  |
|  |  |  |
|  |  |  |

1. Transportation (if none, mark N/A): $
2. Entry fees (if none, mark N/A): $
3. Other expenses (if none, mark N/A): $

Total expenses (A through H): $

**Income: $**

1. Total ending animal inventory value (from Beef Breeding Stock Record): $
2. Sale of animal(s): $
3. Fair premium(s): $
4. Other income (if none, mark N/A): $

Total income (I through L): $

**Profit or Loss: $**

 **MY 4-H YEARLY PROJECT-RELATED ACTIVITIES**

 (**4-H AND NON - 4-H ACTIVITIES)**

 **(Maximum two photos per EVENT)**

**Date: Event:**

**What I did and learned:**

**Date: Event:**

**What I did and learned:**

** BEEF FEEDER**

 **4-H PROJECT RECORD**

**(Maximum two photos per animal/item)**

**This year’s goals:**

|  |
| --- |
| **Project animal(s)/item(s):**  |
|  |
|  |
|  |
|  |
|  |

**What I did and learned in this project this year:**

**Achievements/Accomplishments:**

**Problems and solutions:**

**Where/who I received help from and how they helped:**

**Examples of leadership:**

**Future goals:**

 ** Beef Feeder Report**

\**Attach Receipt/Proof of Value.* This page must be completed and turned in at the fair weigh-in. Failure to complete this form accurately will result in a last place penalty for this portion of your score.

**Animal I.D. #:**

**Animal purchase price:**

**Starting date: Starting weight:**

**End date: End weight: Rate of gain:**

**Animal I.D. #:**

**Animal purchase price:**

**Starting date: Starting weight:**

**End date: End weight: Rate of gain:**

**Animal I.D. #:**

**Animal purchase price:**

**Starting date: Starting weight:**

**End date: End weight: Rate of gain:**

**Beef Feeder Financial Report**

**(Total of all animals from Beef Feeder Report)**

**Expenses:**

1. Purchase price or beginning value (from Beef Feeder Report):
2. Feed cost: $ Milk replacer (cost/bag: $ , total feed used in lbs: #)

 Grain (cost/bag: $ , total feed used in lbs: #)

 Hay (cost/bale: $ , total feed used in lbs: #)

1. Bedding cost:
2. Health records and veterinary costs (List below any vaccination used, worming and other health treatment plan protocol)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Condition treated | Treatment used | Other information(withhold times) | Cost |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Supply costs (List supplies purchased on chart below with each cost)

|  |  |  |
| --- | --- | --- |
| Date | Item purchased | Cost |
|  |  |  |
|  |  |  |
|  |  |  |

1. Transportation (if none, mark N/A):
2. Entry fees (if none, mark N/A):
3. Other expenses (if none, mark N/A):

Total expenses (A through H):

**Income:**

1. Sale of animal(s):
2. Fair premium(s):
3. Other income (if none, mark N/A):

Total income (I through K):

**Profit or Loss:**

 **MY 4-H YEARLY PROJECT-RELATED ACTIVITIES**

 (**4-H AND NON - 4-H ACTIVITIES)**

 **(Maximum two photos per EVENT)**

**Date: Event:**

**What I did and learned:**

**Date: Event:**

**What I did and learned:**