

UConn 4-H RECORD KEEPING



EXTENSION

ANIMAL PROJECT RECORD

Use a different Record Sheet for EACH 4-H ANIMAL SPECIES Project

 Name_____4-H Program Year_____Age____

Years enrolled in this project, including this year

(CHECK ONE. You must do a separate sheet for each species of animal)

Cattle	Horse	Dog	<u>Goat</u>	<u>Llama/</u> Alpaca	<u>Poultry</u>	<u>Rabbit/</u> Cavy	Sheep	Swine	<u>Other</u>

PROJECT GOAL

In the beginning of the year

What would you like to learn or achieve about your animal this year?

 During the year, I will meet this goal by:
 (Check as many as you plan to do)

 Attending 4-H meetings
 Talking to industry experts
 Practicing

 Attending workshops
 Researching the topic

At the end of the year

Did you reach your goal? Yes___ No___ Partially____

If you did not reach your goal or partially reached your goal, what happened?

How did you successfully reach your goals?

Animal Inventory (Attach additional pages as needed)

	Animal 1	Animal 2	Animal 3	Animal 4
Name of Animal				
Date of Birth				
Identification (tattoo,				
ear tag, microchip)				
Dread				
Breed				
Sex				
Owned/Leased Date				
Estimated value at				
start of project				
Estimated value at				
Estimated value at end of project year				
Sold/Traded/Died				
1				

<u>PROJECT ACTIVITIES</u> List project meetings, judging activities, clinics, exhibits, workshops, tours, conferences, shows, exhibiting/volunteering at the 4-H Fair or participating at Eastern States, etc. that you did in your project this year. Include non 4-H events/activities that relate to your project. **Please note in the Activity column if it was a 4-H or non 4-H activity/event**.

Date	Activity	What did you do?	What did you learn?

PROJECT INCOME - List income such as sale of offspring, premiums, sale of products, etc.

Date	Explanation	Amount
	Total	

CARE OF YOUR ANIMAL- HEALTH AND VETERINARY RECORD

Your animal depends on you for its basic needs. That means your animal requires regular care. What kind of shots or vaccinations, illnesses, accidents or other things has your animal had this year? Have you trimmed its hair or fur, nails or feet? Do you brush its teeth? List all that information here.

Date	Animal	Treatment Given	Cost
		Total	

<u>MISCELLANOUS EXPENSES</u> - List expenses such as bedding, showing, trailering, class entry fees, new show clothes, new tack, new equipment, lessons, training classes or supplies. Do not list feed and vet care.

Date	Item	Used for	Cost
		Total	

<u>FEED INFORMATION</u> Record the amount of feed fed per day. Feed expenses may be listed as purchased or per day. This can be a combination of all project animals or separated. Additional pages may be added.

	Type of			f Feed:		of Feed:			
	Amount Fed Daily	Feed Expense	Amount Fed Daily	Feed Expense	Amount Fed Daily	Feed Expense	Comments		
Oct.									
Nov.									
Dec.									
Jan.									
Feb.									
Mar.									
Apr.									
May									
Jun.									
Jul.									
Aug.									
Sep.									
Totals									

<u>HOW MUCH TIME DO YOU SPEND ON YOUR PROJECT?</u> Record the amount of time you spend with your project during the year. Use a calendar to record time you spend on your project each day. Then record the monthly totals onto this chart. The three remaining categories are to be used as needed.

	Training Handling	Housing Care	Grooming	Showing		Total Time/ Per Month	Comments
Oct.							
Nov.							
Dec.							
Jan.							
Feb.							
Mar.							
Apr.							
May							
Jun.							
Jul.							
Aug.							
Sep.							
Total hours							

Financial Review

I Spent This Amount of Money	I Earned This Amount of Money	The Difference Between What I Spent and What I Earned Is
\$	\$	\$

Would you do anything differently? (Remember the total expenses and income get included in your yearly record sheet.)

YEARLY REVIEW List new skills you learned this year.

What challenges did you encounter in your project? How did you resolve them?

How will you use what you learned?

List 2 safety practices that you followed in this project.

Attach one or two selected photographs or news articles. (optional)

Equal opportunity employer and program provider

Updated 10/21