



# Antelope County 4-H 2<sup>nd</sup> Year Bucket Calf Record Book



NAME \_\_\_\_\_

4-H AGE (as of Jan.1) \_\_\_\_\_ CLUB: \_\_\_\_\_



The University of Nebraska-Lincoln does not discriminate based on gender, age, disability, race, color, religion, marital status, veteran's status, national or ethnic origin, or sexual orientation.



# ABOUT YOU



Name \_\_\_\_\_

Age \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade in School \_\_\_\_\_

Do you live on a Farm?      YES      NO  
*(circle one)*

What other 4-H projects are you involved in?

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**1. Why did you choose to continue this project for a 2<sup>nd</sup> year bucket calf?**

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**2. Describe where your calf lives.** (*Does he/she live alone? Does he/she have shelter? Does he/she have bedding? Does he/she live where you do? etc*)

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**3. How much time did you spent with your calf?** (*Did you see them everyday? If your calf doesn't live where you do, how often did you see them and how did you care for them? Did you have help?*)

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**4. How did you feed your calf?** (*Type of feeds, amount per day, etc.*)

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5. **How did you get your calf ready for the fair throughout the year?** (*halter breaking, tying up, leading, washing, brushing, etc*).

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6. **Did your calf have any health problems? Did he/she have to go to the vet?** (*Describe the problem(s) and what you did to treat them.*)

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7. **What did you do to help keep your calf healthy and to grow?** (*vaccinations, minerals, supplements, fly control, etc*)

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**8. What was the biggest problem you had and what did you do to solve it?**

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**9. What have you learned through this project? What would you do differently? What did you enjoy?**

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**10. Additional Comments:**

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## FEED AND EXPENSE SUMMARY

Feed	Description	Pounds	Cost Per Pound	Total Cost
Starter Feed				
Mixed Feed Ration				
Hay				
Other Feeds				
Other				
Total Feed	xxxx	(1) lbs.	xxxx	(2) \$
Bedding Cost: (Explain)				
Medication Cost: (Explain)				
Veterinary Cost: (Explain)				
Equipment Cost: (Explain)				
Other Supplies: (Explain)				
Total Cost of Items Other than Feed				(3) \$
				xxxx
Purchase Cost or Value of Calf at Beginning of Project				(4) \$
				xxxx
Total Investment in Calf (2 + 3 + 4 = 5)				(5) \$

# ***PROJECT SUMMARY***

This summary should be completed after fair check-in. Ask your leader or parent for assistance.

## **Profit and Performance Summary**

- |    |  |               |
|----|--|---------------|
| A. | Purchase Cost or Value at Beginning of Project   | \$ _____      |
| B. | Total Feed Costs of Project (2 from Page 4)      | \$ _____      |
| C. | Total Other Costs of Project (3 from Page 4)     | \$ _____      |
| D. | Grand Total of Investment in Project (A + B + C) | \$ _____      |
| E. | Ending Weight/Weight of Calf at Fair             | _____ lbs.    |
| F. | Starting Weight of Calf (Estimate or Actual)     | _____ lbs.    |
| G. | Total Pounds Gained (E – F)                      | _____ lbs.    |
| H. | Total Days on Feed                               | _____ days    |
| I. | Average Daily Gain {ADG} (G ÷ H)                 | _____ lbs/day |
| J. | Total Pounds of Feed Fed (1 from page 4)         | _____ lbs.    |
| K. | Pounds of Feed per Pound of Gain (J ÷ G)         | _____ ratio   |
| L. | Feed Cost Per Pound of Gain (B ÷ G)              | \$ _____      |
| M. | Value of Calf at End of Project                  | \$ _____      |
| N. | Value of Calf per Pound of Weight (M ÷ E)        | \$ _____      |
| O. | Breakeven Price per Pound on Project (D ÷ E)     | \$ _____      |
| P. | Monetary Loss or Gain on Project (M - D)         | \$ _____      |



# ***PROJECT PICTURES***

*Pictures from the beginning of project and end of project are required. You may also include any pictures showing progress throughout the project. You may include up to 2 additional pages of pictures in addition to this page. Please secure pictures firmly to page and please do not overlap pictures. Captions are very welcome!*

## TREATMENT RECORD

The word “CALCULATE” can help you to make sure you keep accurate treatment records. Each letter has a meaning:

**C: Calendar** Write down the date you gave your calf medicine

**A: Animal** Write down the animal you gave the treatment to (tag #, etc.)

**L: Label** Write down the name of the product you used

**C: Calendar** Be sure to check & write down the withdrawal time

**U: You!** Write down who gave the treatment

**L: Location** Write down the location of the injection (if you gave one)

**A: Amount** Note the amount of medicine you gave

**T: Type** Note the type of administration (injection, orally, etc.)

**E: Extra** Note symptoms, weight, vet’s recommendations, etc.

Treatment Record								
<b>C</b> (Calendar Date)	<b>A</b> (Animal ID)	<b>L</b> (Label/Product Name)	<b>C</b> (Calendar – withdrawal time and ending date)	<b>U</b> (You or Who gave treatment)	<b>L</b> (Location of injection)	<b>A</b> (Amount)	<b>T</b> (Type of admin)	<b>E</b> (Extra – symptoms, weight, vet, etc)

# SIGNATURE SHEET

4-H Member: \_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_

4-H Club: \_\_\_\_\_

Club Leader: \_\_\_\_\_

Exhibitor's Address: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, verify that the information in this record book is accurate to the best of my knowledge and that I have followed the guidelines as set for this project and the rules of the respective youth organizations, the County Fair, and those set forth in the County Fair Book.

4-H Member: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I \_\_\_\_\_, verify that all the information is accurate to the best of my knowledge and that the 4-H Exhibitor so named has followed the guidelines set forth by the rules of the respective youth organizations, the County Fair, and set forth in the County Fair Book.

Parent/Guardian: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date