

DODGE  
COUNTY

# 4-H Bucket Calf Project Record Book



# Second Year

*Junior Expert*

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Exhibitor Name

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4-H Club

# Bucket Calf Record Book

Junior – 2nd Year



## EXHIBITOR INFORMATION

Exhibitor Name: \_\_\_\_\_ Exhibitor #: \_\_\_\_\_

Age (as of January 1): \_\_\_\_\_

Number of Years Exhibiting First Year Bucket Calves: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

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## CALF INFORMATION

Calf Name: \_\_\_\_\_ Ear Tag # \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Kind (beef, dairy, crossbred): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex (heifer, steer, bull): \_\_\_\_\_

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Where did you buy/get your calf? \_\_\_\_\_

When did you buy/get your calf? \_\_\_\_\_

A. Beginning Weight / Date: \_\_\_\_\_ lbs. / \_\_\_\_\_ date

B. Current Weight / Date: \_\_\_\_\_ lbs. / \_\_\_\_\_ date

C. Pounds Gained (B – A = C): \_\_\_\_\_

# EXPENSE RECORD

Calf Ear Tag Number: \_\_\_\_\_

Calf's Name: \_\_\_\_\_

## Purchase Cost or Beginning Value of Animal:

Date	Age at time of purchase	Amount
		\$ _____ (1)

## Feed Record:

FEED	DESCRIPTION	POUNDS	COST PER POUND	TOTAL COST (Pounds x Cost Per Pound = Total Cost)
Milk Replacer				
Feed				
Hay				
Other				
Total Feed	XXXXX	lbs.	XXXXX	\$ _____ (2)

## Health Care: (medication, fly spray, etc.)

Date	Description	Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____
	Total Cost of Health Care =	\$ _____ (3)

**Other Expenses: (equipment, show supplies, bedding, etc.)**

Date	Description	Amount
		\$
		\$
		\$
		\$
	Total =	\$

(4)

**Summary of Expenses:**

Purchase Cost or Value of calf at the beginning of the project (1)	\$
Total Feed Cost (2)	\$
Total Health Care Cost (3)	\$
Total Other Expenses (4)	\$
<b>TOTAL COST OF PROJECT (1 + 2 + 3 + 4 = 5)</b>	\$

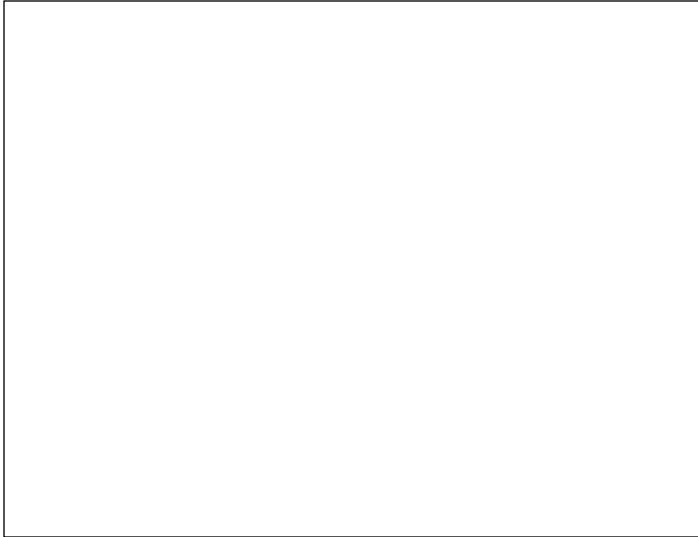
(5)

**Profit / Loss Summary:**

(a) Estimated value of calf at the end of the project or sale price	\$
(b) Total Cost of Project (5)	\$
(c) <b>Total Estimated Profit / Loss of Project (a – b = c)</b>	\$







Beginning Project Photo

Date: \_\_\_\_\_



Current Project Photo

Date: \_\_\_\_\_

**Signatures:**

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

4-H Club/Project Leader: \_\_\_\_\_ Date: \_\_\_\_\_