

MARKET LAMB RECORD BOOK

WOOD COUNTY 4-H/FFA MARKET ANIMAL RECORD BOOK RULES

The **Market Animal Drug History** page must be completed and turned in at the final weigh-in or your animal will not be accepted for the Market Animal Sale.

You must turn in your completed Record Book at the Junior Fair Office no later than 5:00 p.m. on Friday (after the Market Animal Sale). At that time, you must also hand in an **unsealed, properly addressed (including your return address) and stamped thank-you note** to the buyer/buyers of your market animal.

The Record Books will be judged to evaluate your management efforts. This is a ribbon class only and will be judged on the following criteria:

1. Management procedures followed and recorded concerning feeding, housing, medication, health practices and equipment.
2. Records of disbursements and receipts concerning your market animal.
3. Neatness and detail used in developing and forming a record book.

Contact your club advisor or any member of the Market Animal Sale Committee if you have any questions.

MARKET ANIMAL PROJECT RECORD BOOK

1. Name: _____ Age: _____ Phone: _____
Address: _____ City: _____
2. Parent or Guardian: _____
3. 4-H Club/FFA Chapter _____
4. Animal Category: (Check one) _____ Mkt Beef _____ Mkt Lamb _____ Mkt Hog
5. Number of years in the Market Animal category checked above: _____
6. Total number of years participating in the Market Animal Sale: _____
7. Name of Animal (optional): _____
8. Animal Birthdate (month/year): _____ Ear Tag Number: _____
9. Initial Value of Animal (Answer A or B, NOT both)
 - A. If purchased – Actual Cost: _____ \$
 - B. If homebred – Assign a Cost: _____ \$
10. Cost of Raising & Marketing Your Animal
 - A. Feed Expenses (from total on feed chart) _____ \$
 - B. Miscellaneous Expenses (veterinary, bedding, tag fees (\$6.00), trucking, etc.) _____ \$
 - C. Cost of Animal (Enter 9A or 9B on this line) _____ \$
 - D. Auction Fees (sale commission is 5%; picture cost is \$12.00) _____ \$
 - E. TOTAL ANIMAL COST (add 10A, 10B, 10C & 10D) _____ \$
11. Final Weigh-In Weight: _____
12. Final Weigh-In Date (month/day/year): _____
13. Cost of Raising & Marketing Animal (refer to 10E): _____ \$
Final Weigh-In Weight (refer to 11): _____
TOTAL COST PER POUND (divide total cost of animal by final weigh-in weight) _____ \$
14. Net Returns
 - A. Net Return through Market Animal Sale
 - a. Final Weigh-in Weight (refer to 11): _____
 - b. Price per Pound received at Wood County Market Animal Sale _____ \$
 - Total Value (multiply a x b): _____ \$
 - Total Animal Cost (refer to 10E) _____ \$
 - Amount of Profit or (Loss) _____ \$

B. Net Return at Current Market Price

a. Final Weigh-in Weight (refer to 11):	\$ _____
b. Price per Pound at Current Market Price:	\$ _____
Total Value (multiply a x b):	\$ _____
Total Animal Cost (refer to 10E):	\$ _____
Amount of Profit or (Loss):	\$ _____

15. Name of Buyer/Buyers: _____

16. I have included my Buyer's THANK YOU Note **UNSEALED, NEATLY ADDRESSED, WITH POSTAGE** with this Record Book: YES NO (check one)

17. In the space provided below, write any interesting aspects of your project that you would like to share with the Market Animal Sale Committee. This comment section is optional.

MONTHLY FEED USAGE & COST CHART

LAMB PROJECT

Name: _____

In each monthly block provided below, list the ration that you fed your lamb for the month. List all feed products that your lamb consumed during that month. Calculate the number of pounds of feed products that were fed and also the cost per pound. Indicate on the blank provided, the total cost of feeding your lamb each month.

MARCH

of Pounds of Feed: _____ Cost per Pound: _____ Monthly Cost: _____

APRIL

of Pounds of Feed: _____ Cost per Pound: _____ Monthly Cost: _____

MAY

of Pounds of Feed: _____ Cost per Pound: _____ Monthly Cost: _____

JUNE

of Pounds of Feed: _____ Cost per Pound: _____ Monthly Cost: _____

JULY

of Pounds of Feed: _____ Cost per Pound: _____ Monthly Cost: _____

AUGUST

of Pounds of Feed: _____ Cost per Pound: _____ Monthly Cost: _____

TOTAL NUMBER OF POUNDS OF FEED CONSUMED: _____

TOTAL COST OF FEEDING THIS LAMB: _____

I certify that this 4-H/FFA member has been actively involved in keeping the feed records indicated on this form.

Signature of Project Leader/FFA Advisor OR Parent/Guardian

MARKET ANIMAL DRUG HISTORY

DESCRIPTION OF ANIMAL

Species: Beef _____ Sheep _____ Swine _____ Ear Tag #: _____

Other Identification: _____ Weight: _____

Color: _____ Sex: _____ Age: _____

List all medical products and the date that it was administered to this animal. Include all types of vaccines or injections given, all oral medications, as well as pour-on types of medications. Include medications which were mixed in feed rations.

List the exact medication name for each entry and include the number of days for withdrawal.

I hereby certify that this animal has not received or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances without following the current withdrawal procedures.

Date

Signature of Exhibitor

Phone Number

Signature of Parent/Guardian