

MARKET BEEF RECORD BOOK

Tag Number	_____	Weight	_____
Tag Number	_____	Weight	_____
Tag Number	_____	Weight	_____

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

This Record Book must be presented with Lines 1-9 completed and the Drug History page completed at the final weigh-in or your animal will not be accepted for the Market Animal Sale.

The Record Books will be handed back to you after being checked at the final weigh-in. You must then finish items 10 A-E, 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21. All other pages in the Record Book are also to be completed before it is turned in at the end of the Junior Fair.

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) _____ Steer _____ Mkt Lamb _____ Mkt Hog

A. Number of years in the Market Animal category checked above: _____

B.. Total number of years participating in the Market Animal Sale: _____

5. Name of Animal (optional): _____

6. Animal Birthdate(month/year): _____ Ear Tag Number: _____

7. Initial Weigh-In Weight: _____

8. Initial Weigh-In Date(month/day/year): _____
(refer to "Everything you need to Know" for exact dates)

9. Initial Value of Animal (Answer A or B – NOT BOTH)

A. If purchased – Actual Cost: \$ _____

B. If Homebred – Assign a Cost: (_____ \$/LB) x (_____) \$ _____
(initial wt.)

10. Cost of Raising and Marketing Your Animal

A. Feed Expenses (from total on feed chart)	\$	_____
B. Miscellaneous Expenses (veterinary, bedding, scale fee (\$2.00), 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. Total Pounds Gained:

$$\frac{\text{Final Weight}}{\text{Final Weight}} - \frac{\text{Initial Weight}}{\text{Initial Weight}} = \frac{\text{Total Pounds Gained}}{\text{Total Pounds Gained}}$$

14. Number of Days on Feed _____ (refer to "Everything You Need to Know" handout for correct number of days on feed for each species.)

15. Total Pounds Gained _____ (refer to 13)
Number of Days on Feed _____ (refer to 14)
AVERAGE DAILY GAIN _____ (divide pounds gained by days on feed)

16. 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) \$ _____

17. 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) \$ _____

18. Name of Buyer/Buyers _____

19. I Have Included my Buyer's THANK YOU Note Unsealed, Neatly Addressed,
With Postage With This Record Book - YES NO (check one)

20. 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

BEEF PROJECT

Name: _____

In each monthly block provided below, list the ration that you fed your steer for the month. List all feed products that your steer 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 steer each month.

November

of Pounds of Feed - _____ Cost per Pound = _____ Monthly Cost - _____

December

of Pounds of Feed - _____ Cost per Pound = _____ Monthly Cost - _____

January

of Pounds of Feed - _____ Cost per Pound = _____ Monthly Cost - _____

February

of Pounds of Feed - _____ Cost per Pound = _____ Monthly Cost - _____

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 - _____

TOTL NUMBER OF POUNDS OF FEED CONSUMED: _____

TOTAL COST OF FEEDING THIS STEER \$ _____

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