

# MARKET SHEEP 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

## MARKET LAMB PROJECT

Name: \_\_\_\_\_

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

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**June**

# of Pounds of Feed - \_\_\_\_\_ Cost per Pound = \_\_\_\_\_ Monthly Cost - \_\_\_\_\_

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**July**

# of Pounds of Feed - \_\_\_\_\_ Cost per Pound = \_\_\_\_\_ Monthly Cost - \_\_\_\_\_

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**August**

# of Pounds of Feed - \_\_\_\_\_ Cost per Pound = \_\_\_\_\_ Monthly Cost - \_\_\_\_\_

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TOTL NUMBER OF POUNDS OF FEED CONSUMED: \_\_\_\_\_

TOTAL COST OF FEEDING THIS MARKET LAMB \$ \_\_\_\_\_

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

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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