

2022 Morrow County Livestock Project Record

*This Record Book is a required part
of the Morrow Co. Jr. Fair Livestock Skillathons ONLY!*

Market Steer & Market Heifer
Feeder Calves (Dairy and Beef)
Market Hogs
Market Lambs
Market Goats
Pen of Two Broilers (Chickens)
Market Turkey
Pen of 2 Market Ducks
Pen of 2 Market Geese
Market Rabbits (singles and pen of three)

**COMPLETE
ALL SECTIONS OF BOOK**

Breeding Rabbits (Non-market)
Pack and Harness Goats
Dairy, Angora, Pygmy, Boer, Cross Breeding Goats (Non-Market)
Breeding Ducks & Geese
Fancy Poultry, Pullets/Layers, & All Other Birds
Breeding Turkeys
Beef Breeding
Sheep Breeding
Swine Breeding
Llamas and Alpaca

**COMPLETE ALL
SECTIONS EXCEPT H**

Name: _____
Project (s) _____
Club/Chapter _____

Note: You may only use **one Livestock Project Record for each specie** you are raising. You are encouraged to use one per type especially in poultry (ie. One for your turkey project and one for your fancy birds). Be sure to provide "totals" in all sections where indicated. Complete every section indicated above for your project. **This book CANNOT be used at State Fair skillathons. Contact the Extension office for those record books if 4-H or your teacher for FFA. Horses are to use the 4-H Equine Record Book [190R]. Dairy Cows & Dairy Heifers are to use 127 Dairy Record book.**

I have reviewed this record and found it to be complete and accurate to the best of my knowledge.

Parent/Guardian Signature

A. i. Beginning Picture of Project Animal(s)

Attach a picture of your animal(s) here. The picture must be taken at the beginning of your project (when you first obtain your project or soon after). Market Rabbits will have only one current picture, place it here.



Date of photograph _____

ii. Ending Picture of Project Animal(s)

Attach a picture of your animal(s) here. The picture of your project must be taken close to skillathon. Market Rabbits are **not** required to include a picture here.



Date of photograph _____

Additional pages may be added for photos.

B. Project Animal Information (Beginning Animal Roster)

Even if the animal is given to you or you are leasing it, figure what the value is at the start.

Identification of Animal (Name, ear tag, ear notch, tattoo, etc.	Sex	Breed	Date Purchased (or born)	Purchase price <u>or</u> <u>value at start</u>
TOTAL VALUE OF ANIMALS STARTED WITH OR PURCHASED				\$ _____

C. Mandatory!! Learn a New Livestock Management Skill or Topic

Chose and study at least **one new** management skill or topic related to your specie. Utilize your 4-H Resource/Project Books or FFA classroom work to learn this skill or topic.

4-H Member - List Resource Book Chapter Name and Skill/Topic: _____

FFA Member – May utilize the OSU Extension Resource Books or FFA Classroom work. List Skill/Topic: _____

***** Attach a summary of what you have learned (at least 2 paragraphs) or create an illustrative poster that shows/describes what you have learned. Poster is to be no more than 14” x 22”.**

D. Goals and Accomplishments for this Project

Choose and complete at least five (5) goals for your project. Goals should be established at the beginning of the project. They should be challenging, yet attainable. At the end of the project, the accomplishments should be compared with the goals. Check off what you plan to do or write your own goals in the space provided. Then have an adult initial and date the goals you complete. **Virtual events and programs acceptable.**

X	Goal	Date Achieved	Adult's Initials
	Achieve a target rate of gain for my market animal(s). (See Section H)		
	Attend a livestock sale/auction. List Sale/Auction: _____		
	Attend a Specie Clinic List Clinic: _____		
	Attempt to make a profit on my animal(s) when sold at market price.		
	Do a demonstration or FFA speech on some aspect of livestock production or management. Speech/Demo Title: _____		
	Attend a virtual educational program related to my project.		
	Raise my animal(s) to completion.		
	Take full responsibility for the fitting and showing of my animal(s).		
	Learn how to groom and clip my project animal(s).		
	Participate in a Quality Assurance Program or Test Out		
	Exhibit my animal(s) at the county fair.		
	Exhibit project animal(s) at the Ohio State Fair.		
	Participate in showmanship.		
	Participate in a practice skillathon or project evaluation with my club, chapter, or at a clinic.		
	Participate in a judging contest and/or quiz bowl contest.		
	Take a tour of an animal agriculture facility or business. Name of facility/business: _____		

E. Expenses

Date	Kind (Insurance, bedding, equipment, I.D. tags, veterinary, transportation, etc.) If none, write none and explain why. Include all expenses here <u>except</u> cost of Animals & Feed.	Cost
TOTAL EXPENSES		\$ _____

F. Feed Record Summary

Start your record whenever you began feeding your animal. It is not possible to raise an animal and have no feed costs. **Do not leave this section blank.** If you have an agreement to use feed from your parent's farm, or some other arrangement, calculate the pounds and value of feed as if you had purchased it.

Date	Complete Pellet Feed		Hay, Silage or Pasture		Grain		Protein or Mineral Supplement		Other	
	lbs.	Value	lbs.	Value	lbs.	Value	lbs.	Value	lbs.	Value
Jan.										
Feb.										
March										
April										
May										
June										
July										
Aug.										
Sept.										
Oct.										
Nov.										
Dec.										

Total all values _____ + _____ + _____ + _____ + _____ =

G. Feed Tag

It is important for every producer to know what they are feeding and to understand how to read a feed tag.
 1. Tape or staple one feed tag, supplement tag or feed mix receipt (i.e. list of ingredients and amounts) to this page from rations fed during your project. Then answer the questions below. (If you do not purchase feed, write your grain feed formula below.)

2. Is there an active drug ingredient in this feed? _____
3. Is there a withdrawal time for this feed? _____
4. What is the minimum crude fat level in this feed? _____
5. Is Cooper Sulfate in your feed? _____
6. What is the main ingredient (greatest proportion) in this feed? _____

H. Rate of Gain (Market Animals only)

Estimate of Required Average Daily Gain (A.D.G.) – fill in #1; fill in #2; subtract 1. from 2. to get answer #3; count the number of days you will feed from beginning weight (#2) to fair weigh in to answer #4; Divide answer #3 by answer #4 to get answer #5.

Estimate finished weight at fair.	Beginning weight	Total required gain	Days in feeding period	Estimate of required daily gain
1. -	2. =	3. ÷	4. =	5.

Project Weight Record

Figure ADG each time your animal is weighed and compare to the required daily gain you estimated above.

Animal ID								
Date								
Weight								
A.D.G.								

I. Treatment Record

Include any and all types of health care treatment, for example: medicated feeds, worming, vaccinations, prescription, and non-prescription drugs. If no treatments were given, write “none”. **Note:** It is rare to have no health care treatments. If you write “none” here, you may not be caring for your animals properly (Poultry/Rabbits maybe the only exceptions). You should be listing vaccinations given prior to your purchase. They are important.

Treatment Date and Time	Animal ID *Name *Species *ID Number *Description	Condition Being Treated	Estimated Weight (lbs.)	Treatment Given (Medication dispenses, amount and route)	Instructed Meat/Milk/ Egg Withdrawal	Name of Person Giving Treatment	Date and Time Withdrawal Complete	If this is an extra label or Rx drug, list the name, address, and phone number of the licensed veterinarian who prescribed or directing the treatment.
Example: July 08, 2014 9:00 a.m.	Rhode Island-Cross Broilers	Infectious Synovitis	4.5-5.0 lbs.	Carraamysin-152, 350mgm/gal in drinking water	5 days	Chris Clover	July 13, 2014 at 9:00 a.m.	Dr. Jones 364 Smith Avenue Columbus, OH 43210 614/555-0000

J. Income

Source of Income: Include all sources of income <u>other</u> than sale of animals here. Example: Sale of milk, eggs, breeding stock, awards, etc. If you had no income write "none" & \$0.00	\$ Value
Total Income \$ _____	

K. Closing Animal Roster

Identification of Animal	\$ Value at close of project (value of animal(s) sold, used at home, or sale price****)
Total Value of Animals at Close of Project \$ _____	

****If you plan to sell your animal through the Jr. Fair Livestock Sale, use an average market price during the month of fair. Do calculations as if you sold your animal(s) for this average price and complete your project summary on the next page. Consider checking for price average at a location where you would sell your animal(s) if you were not going to market it at the fair. Ex: check the internet for prices at a local Producers Livestock Auction

L. Profit or Loss Statement

Income

- 1) Value of animals sold or kept at end of project year (Section K) \$ _____
2) Other Income (Section J) \$ _____

Total Income (add 1 and 2) \$ _____

Expenses

3. Value at start of the project for animals given, leased,
purchased price. (Section B) \$ _____
4. Miscellaneous expenses (Section E) \$ _____
5. Feed Cost (Section F) \$ _____

Total Expenses (add 3, 4, and 5) \$ _____

Total Profit or Loss: (Total Income) (– minus) (Total Expenses) \$ _____

M. Community Service

All clubs and chapters complete some kind of community service. Please list at least one community service you participated in and what you accomplished.


N. Leadership

Participate in at least **one** leadership activity through your club or chapter. Examples: Serve as an Officer, Examples: Give a demonstration at meeting, Lead the Pledge of Allegiance, Lead the 4-H Pledge, Serve on a Committee, Plan a Club/Chapter tour/speaker, Contact an adult for help with your Chapter or 4-H club, Teach younger members or elementary school children, etc.

Activity/Duty: _____

Date Completed: _____

O. Feed Label Section



**500COSRMGA
KALMBACH
10% FEEDER CATTLE**

Formulated For Feedlot Heifers

Medicated

For increased rate of weight gain, improved feed efficiency and suppression of estrus (heat) in heifers fed for slaughter.

Active Ingredient

Monensin	20 g/ton
Melengestrol Acetate	50 mg/ton

Guaranteed Analysis

Crude Protein (Min.)	10%
Crude Fat (Min.)	3.2%
Crude Fiber (Max.)	10%
Calcium (Ca) (Min.)	0.50%
Calcium (Ca) (Max.)	1%
Phosphorus (P) (Min.)	0.35%
Salt (NaCl) (Min.)	0.50%
Salt (NaCl) (Max.)	0.75%
Sodium (Na) (Min.)	0.30%
Sodium (Na) (Max.)	0.50%
Potassium (K) (Min.)	0.65%
Vitamin A (Min.)	1,100 IU/lb.

Ingredients

Processed Grain By Products, Grain Products, Plant Protein Products, Animal and Vegetable Fat, Dicalcium and Monocalcium Phosphate, Calcium Carbonate, Sodium Bicarbonate, Yeast Culture, Salt, Potassium Sulfate, Magnesium Sulfate, Potassium Chloride, Magnesium Oxide, Vitamin A Supplement, D-Activated Animal Sterol (Source of Vitamin D-3), Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Manganese Sulfate, Copper Sulfate, Ethylene Diamine Dihydriodide, Cobalt Sulfate, and Sodium Selenite.

IMPORTANT: Only for use in heifers being fed in confinement for slaughter. Not effective in spayed heifers and steers.

USE LIMITATION: Feed continuously to provide not less than 50 mg nor more than 360 mg of Monensin per head per day.

CAUTION: Do not allow horses or other equines access to formulation containing Monensin. Ingestion of Monensin by equines has been fatal. Monensin medicated cattle feed is safe for use in cattle only. Consumption by unapproved species may result in toxic reactions. Do not exceed the levels of Monensin recommended in the feeding directions, as reduced average daily gains may result. Feeding undiluted or mixing errors resulting in high concentrations of Monensin could be fatal to cattle. Must be thoroughly mixed in feeds before use; do not feed undiluted.

Feeding Directions

KFI-500COSRMGA is formulated to be fed to heifers from 800 lbs. to market. For optimal performance 10% of the ration dry matter should come from roughage. The remainder of the ration should be full fed KFI-500COSRMGA.

Manufactured by

KALMBACH FEEDS, INC.
UPPER SANDUSKY, OHIO 43351

Net Weight - 50 LBS. (22.7 Kg) - BULK - Shown on Invoice

693290

a. What is the main ingredient in this feed?

b. What is the minimum percentage of Crude Fiber in this feed?

c. Is Zinc Sulfate in this feed?

d. Is this feed Medicated?

e. Name an active ingredient?

f. What weight of feeder cattle should this feed be fed to?

g. Who manufactured this feed?

h. What animal should not have this feed?

P. Quality Assurance Good Production Practices (GPP) Section

The answers to these questions will be taught during Quality Assurance.

1. A working relationship with your veterinarian where he or she advises and guides you in determining which medications are appropriate and when to use them as part of your animal project is called what? (GPP 2)

Hint: Its abbreviation is VCPR: _____

2. An Emergency Action Plan (EAP) is needed for all animal producers and should be posted. This plan lists emergency contact phone numbers and the address for your barn in case of an emergency. Fill in the blanks below to create a EAP. (GPP 8)

Farm Name _____

Address _____

Phone # _____

Other Emergency Contacts _____

Poison Control # _____

Veterinarian Name and # _____ Electric Company # _____

Feed Dealer # _____ First Aid Kits are located _____

Fire Extinguishers are located: _____

Animal numbers in barn _____

3. Name an animal's three (3) basic needs (GPP 9):

- a.
- b.
- c.

4. The imaginary circle around an animal that it considers its individual space is called:

- a. Blind Spot Zone
- b. Thermal Area
- c. Zoonotic Zone
- d. Flight Zone

5. Drug Use Notification Forms (DUNFs) are required by the State of Ohio to be completed before exhibition/showing. Members taking market and lactating animals will be required to fill out an online version before Sunday prior to fair. Practice completing a DUNF for one of your animals on the following page, even if you have a breeding animal only. The Mandatory tri-carbon DUNF forms will be available at weigh-ins on Monday of fair.

**Complete the example DUNF on the last page and keep it as a reference to fill out the mandatory online version.

Food Animal Quality Assurance Good Production Practices (GPP)

Good Production Practices (GPPs) For Youth Livestock Producers

- GPP 1 Use an appropriate Veterinarian / Client / Patient Relationship (VCPR) as the Basis for Medication Decision Making.
- GPP 2 Establish and Implement an Efficient and Effective Health Management Plan.
- GPP 3 Use antibiotics responsibly.
- GPP 4 Properly Store and Administer Animal Health Products.
- GPP 5 Follow Proper Feed Processing Protocols.
- GPP 6 Establish Effective Identification, Medication Records, and Withdrawal Times.
- GPP 7 Practice Good Environmental Stewardship.
- GPP 8 Maintain Proper Workplace Safety.
- GPP 9 Provide Proper Care to Improve Animal Well-Being.
- GPP 10 Utilize Tools for Continuous Improvement.

Sources:

Ohio Quality Assurance, Food Animal Quality Assurance, The Ohio State University Extension, 2014 and Pork Quality Assurance, National Pork Board, 2014

Assuring Quality Care for Animals Signature Programs. The Ohio State University Extension, March 28th, 2015. CD.

You can find the answers to the feed label and quality assurance section at <http://morrow.osu.edu> – 4-H Youth Development – Livestock Information

All skillathon information will be at the OSU Extension Morrow County website in July.

Websites:

<http://morrow.osu.edu>

<http://ohio4h.org>

Facebook: morrow.extension or morrowcountyjrfair

Practice filling in this form for one of your animals. *****

DRUG USE NOTIFICATION FORM (DUNF)

Sections 1 through 9 must be completed prior to show

EXHIBITION / FAIR NAME: _____ 2 DIGIT FAIR CODE _____

PRINT CLEARLY

1. EXHIBITOR/OWNER NAME _____

2. MAILING ADDRESS _____

Street, P.O. Box Number

EXHIBITOR
PHONE (____) _____

City, State, Zip

3. ANIMAL IDENTIFICATION
NUMBER (Tag, Tattoo #, Legband)

4. ANIMAL SPECIES [CIRCLE ONE]
CATTLE HOGS SHEEP GOATS
OTHER (Specify) _____

5. ANIMAL DESCRIPTION
(BREED, SEX, COLOR, ETC.)

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

YES NO

7. I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.

▲
IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

Complete the treatment chart below ▼

TREATMENT DATE	CONDITION BEING TREATED	TREATMENT GIVEN				DATE WITHDRAWAL COMPLETE
		MEDICATION GIVEN (NAME OF MEDICATION)	AMOUNT (DOSE)	ROUTE (IM, IV, SQ, Oral)	INSTRUCTED WITHDRAWAL TIME (# DAYS)	

IF THIS IS AN EXTRA LABEL OR R_x DRUG, A VETERINARIAN MUST HAVE PRESCRIBED THE MEDICATION. LIST THE LICENSED VETERINARIAN'S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

VETERINARIAN NAME _____ STREET, P.O. BOX NUMBER _____ CITY, STATE, ZIP _____

8. EXHIBITOR/OWNER SIGNATURE _____ AGE: _____ DATE _____

9. PARENT/GUARDIAN SIGNATURE _____ DATE _____
(REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)

DISTRIBUTION by Records Official:
AGR DUNF (REV. 1/11)

WHITE FORM: REVIEW UPON COLLECTION AND IMMEDIATELY FORWARD TO ODA
YELLOW FORM: TO BE RETAINED BY THE DESIGNATED RECORDS OFFICIAL FOR ONE YEAR
PINK FORM: TO BE GIVEN TO THE OWNER/EXHIBITOR

CHAMPIONS WILL BE REQUIRED TO COMPLETE A NEW DUNF TO BE SUBMITTED WITH URINE/HAIR SAMPLES TO THE TESTING LABORATORY