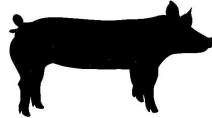


Tag # \_\_\_\_\_

Days in Project 100

# Citrus County Fair Market Animal Record Book

Swine: XXX



Is this an Individual's Record Book \_\_\_\_\_ or Club / Chapter Record Book \_\_\_\_\_

Individual Name \_\_\_\_\_

**OR**

Club / Chapter Name \_\_\_\_\_

**Club / Chapter Showman** \_\_\_\_\_

Age (as of Sept. 1) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check one: 4-H Jr. \_\_\_\_\_ 4-H Int. \_\_\_\_\_ 4-H Sr. \_\_\_\_\_

FFA Jr. \_\_\_\_\_ FFA Sr. \_\_\_\_\_ # of years in this project \_\_\_\_\_

I hereby certify that as the exhibitor of this project, I have personally kept records on this project and have personally completed this record book.

Signed: \_\_\_\_\_  
Member Date

This youth is an active member of the \_\_\_\_\_ Club\Chapter.  
This record book has been completed by the youth and is an accurate record of the project.

Signed: \_\_\_\_\_  
4-H Leader\ FFA Advisor Date

## Youth Animal Project Agreement

(To be completed at beginning of project)

The youth is responsible for caring for the animal, which will include feeding, deworming, providing fresh clean water, providing a pen, washing, and showing. The youth will use this project as an educational tool to learn skills needed in the livestock industry. This project will also help the youth to accept success and failure as a learning experience. The youth will keep accurate records on their project animal.

I accept these responsibilities

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed - Youth

The parents are responsible for providing financial help if needed along with assistance and encouragement while the youth is raising this animal.

We accept these responsibilities

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed - Parent or Guardian

The 4-H Leader or FFA Advisor is available to visit or assist the exhibitor with their animal when needed.

I understand these responsibilities

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed - 4-H Leader or FFA Advisor

**\*NOTE: The drug statement at the back of this record book must be signed by the youth and the parent/caretaker at the beginning of this project.**

### PURPOSE

The purpose of this animal project is to achieve the following:

- ◆ To acquire an understanding of the animal industry by preparing for, purchasing, caring for and keeping records on one or more head of animals.
- ◆ To be able to identify the types and breeds of animals and employ efficient methods of production and marketing.
- ◆ To understand the business aspects and economics of purchasing animals, feed facilities and equipment for an animal project.
- ◆ To develop integrity, sportsmanship, and cooperation.
- ◆ To develop leadership abilities, build character, and become responsible citizens.

# Animal Information

Animal's Name \_\_\_\_\_ Breed \_\_\_\_\_

Breeder \_\_\_\_\_

Breeder's Address \_\_\_\_\_

ID# or Registration # \_\_\_\_\_ Birth Date \_\_\_\_\_

Date Purchased \_\_\_\_\_

\*\*\*\*\*

## Health Record

Vaccination prior to purchase of the animal, you will need to ask the breeder for this information.

Date of Vaccine:	Name of Vaccine:

## After Purchase

Date	Symptoms	Estimated Weight	Treatment	Date Withdrawal Complete	If this is an extra label or Rx drug, list the licensed Veterinarian's name.







## Financial Summary

### Expenses:

Animal \$ \_\_\_\_\_

Depreciation (pg.4) \$ \_\_\_\_\_

Feed (E on pg. 5) \$ \_\_\_\_\_

Misc. Operating Expenses (pg. 6) \$ \_\_\_\_\_

Total (G) \$ \_\_\_\_\_

### Income:

Fair Premium \$ \_\_\_\_\_

Sale of Animal \$ \_\_\_\_\_

Other \$ \_\_\_\_\_  
(add-ons, donations, etc.)

Total \$ \_\_\_\_\_

$$\begin{matrix} \$ & \underline{\hspace{2cm}} & - & \$ & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\ \text{Income} & & & \text{Expenses} & & & \text{Profit (+) or Loss (-)} \end{matrix}$$

Number of hours spent on this project \_\_\_\_\_

**This section is to be completed after Final Weigh In and before your Exhibitors Meeting**

### Rate of Gain/Feed Conversion

<u>A</u> Estimate Swine or Actual Steer Starting Weight	<u>B</u> Ending Weight (At Fair Entry)	<u>C</u> Total Pounds Gained (B-A)=C	<u>D</u> Total Days on Feed (Cover Page)	<u>X</u> Rate of Gain (C÷D)=X	<u>Y</u> Total lbs. of Feed Fed (F on pg 5)	<u>Z</u> Feed Conversion (Y÷C)=Z

### Break Even Cost

Ending Weight <u>B</u>	Expenses <u>G</u>	Break Even Cost Per Pound (G÷B)







## **Project Photos**

Photos show the beginning and end of your project and skills that you have learned. This should include a **minimum of 4 pictures and a maximum of 8 pictures**. Include a caption with each photo using complete sentences to tell a “story” about your project. For example: what skills you are demonstrating and why? DO NOT start caption with “Here I am ....”, “This is me .....”, “In this picture.....”.

## **Project Photos**

Photos show the beginning and end of your project and skills that you have learned. This should include a **minimum of 4 pictures and a maximum of 8 pictures**. Include a caption with each photo using complete sentences to tell a “story” about your project. For example: what skills you are demonstrating and why? DO NOT start caption with “Here I am ....”, “This is me .....", “In this picture.....”.

## Buyers Letters

Attach a copy or write an example of your Buyer's letter.  
List all contacts you made as possible buyers.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DON'T FORGET TO ATTACH A BUYER LETTER**

# CITRUS COUNTY FAIR ASSOCIATION



3600 South Florida Avenue / Inverness, Florida 34450  
(352) 726-2993 / (352) 726-3121 Fax

www.citruscountyfair.com  
email: ccfair@infi.net

## ANIMAL DRUG CERTIFICATION

CATTLE, HOG, LAMB, POULTRY, RABBIT OR WETHER

IN MARKETING (TAG NUMBER) \_\_\_\_\_

**I certify that all drugs and feed additives received by these animals have been used in conformity with the feed or drug manufacture's dosage directions and withdrawal time.**

**I certify that these animals have not received drugs or feed additives.**

EXHIBITOR SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**IMPORTANT: All slaughtered animals are subjected to inspection for drugs residues. Animals containing unauthorized residues will be condemned and the parties responsible for these residues will be subjected to prosecution under the Food, Drug and Cosmetic Act.**

Official Certification Form approved by the Food and Drug Administration