

CLAYTON COUNTY BUCKET/BOTTLE CALF PROJECT**WRITTEN RECORD**

Complete and return to Extension Office by July 24.

Member Name _____

Club _____ Age _____

Calf Name _____ Calf Ear Tag/Tattoo Number _____

Date Project Started _____

Source of Calf (check one) _____ Purchased _____ Born on Farm _____ Other (describe) _____

Calf's Birthdate (if known) _____

Color of Calf _____

Breed of Sire (if known) _____

Dam (if known) _____

Value at Start (actual or estimate) _____

Weight at Start (actual or estimate) _____

1. Explain why you chose this project.

2. Describe how you decided where and how to get your calf.

3. Describe facilities where you housed your calf.
4. Describe the feeding program you followed the first 3-4 days that you got your calf.
(type of feeds, amount per day, etc.)
5. Describe the feeding program for the next 3 to 4 weeks. (kinds, amount per day, etc.)
6. Describe the feeding and management after you had the calf for a month.

7. Did your calf have any health problems? (Describe the problems and what you did.)
8. What did you do to prevent health problems? What management practices did you follow to help our calf be healthy and grow?
9. What was the biggest problem you had and what did you do to solve it?
10. What have you learned through this project? What would you do differently?
What did you enjoy?

11. Feed and Expense Summary.

Feed	Total for all bucket/bottle calves		
	Pounds	Cost per Pound	Total
Milk Replacement	lbs.	\$	\$
Starter	lbs.	\$	\$
Hay	lbs.	\$	\$
Other Feeds	lbs.	\$	\$
Bedding			\$_____
Medication			\$_____
Veterinary Charges (explain)			\$_____
Other Supplies (explain)			\$_____
Total Cost			\$_____
Purchase Cost or Value of Calf/Calves at Beginning of Project			\$_____
Total Investment			\$_____