**Due July 5, 2022 by 4:30 PM to the Extension Office**

**Poweshiek County Int./Sr. Bottle-Bucket Calf Project**

**PLEASE DO NOT USE PENCIL**

**MEMBER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLUB NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE** (on 9/15)**\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY & ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BASIC BOTTLE-BUCKET CALF INFORMATION**

 **CALF TAG # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CALF DATE OF BIRTH\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*Should be after Jan. 1

DATE CALF WAS PURCHASED OR SELECTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Purchased \_\_\_\_\_ Born on Farm \_\_\_\_\_ Other \_\_\_\_\_

COLOR OF CALF \_\_\_\_\_\_\_\_\_\_\_ BREED \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_\_\_

Weight of calf when obtained \_\_\_\_\_\_
Approx weaning weight of calf \_\_\_\_\_\_
Weight of calf at fair \_\_\_\_\_\_

QUESTIONS:**1. Why did you choose a bottle calf project?

2. What were your goals for this project?

3. What did you learn from this project?

4. Share about a problem that you had with your bottle/bucket calf project.

5. Is there anything you would have done differently? What?

**BASIC FEEDING BOTTLE-BUCKET CALF**

1. Was the calf’s first feeding colostrum? If no, why not?

2. What is colostrum? Why is it important?

3. Did you feed warm milk or cold milk? Why?

4. At what age was the calf weaned from milk? Share how you weaned your calf from milk.

5. Did the calf have access to hay, grass, or pasture?

6. What ingredients were included in your grain ration? How much protein did it contain?

**HOUSING**

1. Share about the housing of your calf. For example, what did the shelter look like? Was the animal housed alone?

2. What type of bedding was used? How much bedding was used? How often was the bedding cleaned or changed?

 **BOTTLE-BUCKET CALF
BASIC HEALTH PRACTICES AND PROBLEMS**

1. What vaccinations was your calf given? At what age?

2. Were any health problems experienced? If so, what and how was the calf treated?

3. What practices did you follow to prevent health problems?

 **CALF READINESS FOR THE FAIR**

1. Was the calf exercised? How? How often? How long?

2. When did you begin halter breaking your calf?

3. What equipment did you need to get ready for the fair?

**AUTOBIOGRAPHICAL FAIR PROJECT INFORMATION**

Tell us a story about you and your calf project. (Photos may be included. Story should be limited to one page.)

**Project Costs**

**Feed Summary**

***Feed*  Pounds Cost per Pound Sub Total**

|  |  |  |  |
| --- | --- | --- | --- |
| Milk Replacement................. |  lbs.  | $ |  $ |
| Starter................................... |  lbs.  | $ |  $ |
| Forage....................................... |   lbs. | $ |  $ |
| Other Feeds.......................... |  lbs. | $ |  $ |
| Feed Cost………………….. |  |  Sub Total |  $ |

**Other Expense Summary**

 Sub Total

|  |  |
| --- | --- |
| Bedding........................................................................................................................ | $ |
| Medication.................................................................................................................... | $ |
| Veterinary Charges (explain/itemize below)  | $ |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Other Supplies (explain/itemize below)  | $ |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Other Expenses Sub Total  | $ |

|  |  |
| --- | --- |
| **Total Approximate value of calf (calves)**   | **$** |

|  |  |
| --- | --- |
| **What was the total value of your calf at the start of project?** |  **$** |
| **How much did you spend on Feed?**  | **$** |
| **How much were your Other Expenses?**  |  **$** |
| **Total Expenses** (Investment in the Project) | **$** |

|  |  |
| --- | --- |
| **Profit or Loss for the Project**  |  **$** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** |
| **Tag or Tattoo****Number** | **Date Project Started** | **Beginning Weight** | **Date of Ending Weight** | **Ending Weight** | **Total Days on Feed** | **Average Daily Rate of Gain** | **Current Market Value per pound**  | **Total Value of Calf Project** |
|  |  | lbs. |  | lbs. |  |  |  $ / lb |  $  |

**A:** Animals identification

**B:** Date the 4-H’er started this project, or received the calf

**C:** Weight of calf, in pounds, when project was started

**D:** Day when calf was weighed last

**E:** Weight, in pounds, when calf was weighed last

**F:** Number days the 4-H’er has been doing this project or days between column B and D

**G:** Ending weight (column E) minus beginning weight (column C), then divide by total days on feed (column F)

**H:** Current market value of calves, per pound

**I:** Total price value of 4-H calf project, as of ending weight (column E multiplied by column H)

**\*\* Please turn in your Bottle Calf Records plus two copies (do not have to be in color) to the Extension Office by July 5 at 4:30 p.m. \*\***

**The work done in this worksheet must be completed by the 4-H’er exhibiting the animal at the county fair, unless notified otherwise. All written material should reflect the work of the exhibitor, not the exhibitor’s parent/guardian.**