



POST ROCK DISTRICT EXTENSION
4-H BUCKET CALF PROJECT RECORD

Name _____ Age _____ Years in 4-H _____

Birthdate of Calf _____ Sex of Calf: _____

What color is your calf? _____

What breed is your calf? _____

What is your calf's ear tag number? _____

What did your calf weigh when you first bought it? _____

How much did your calf weigh at Fair check-in? _____

What did you feed your calf? _____

What equipment did you need to care for your calf? _____

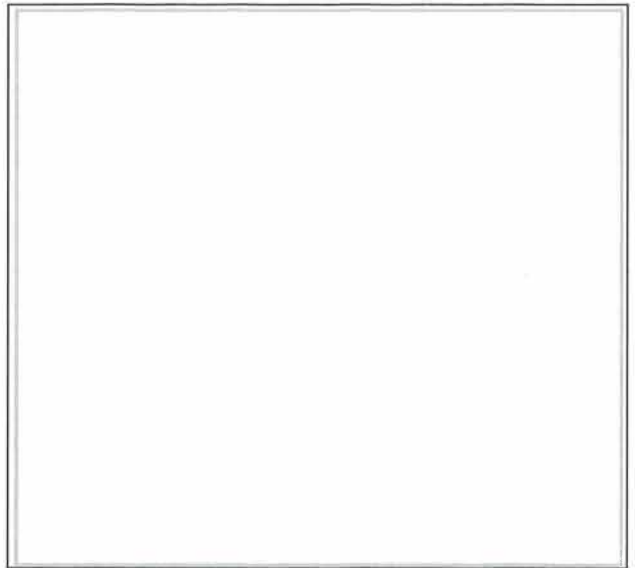
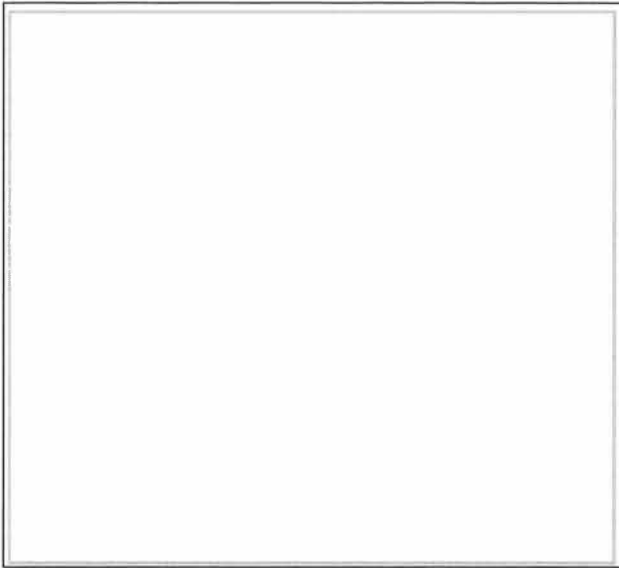
What are some animal care skills you learned through your bucket calf project? _____

What are your future plans for this bucket calf project? _____



Beginning Project Picture

Ending Project Picture



Write a short story telling about how you acquired your calf, preventative health care (vaccinations), what you learned from this project and the fun you had raising your calf.

Signature _____
4-H Member

Signature _____
Parent/Guardian