



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? _____

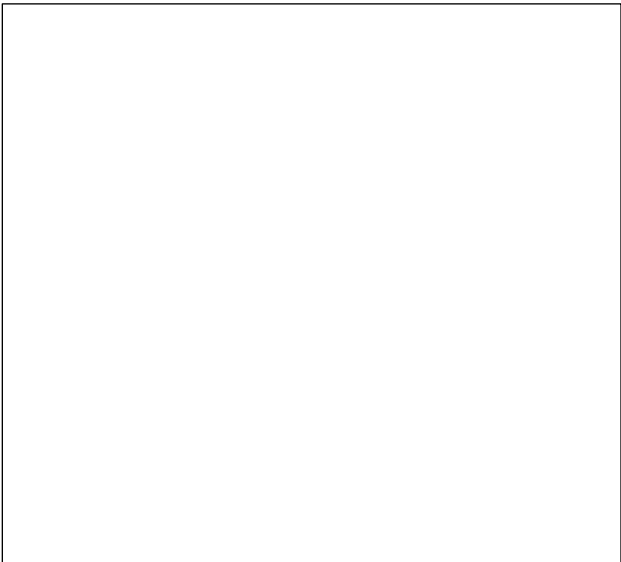
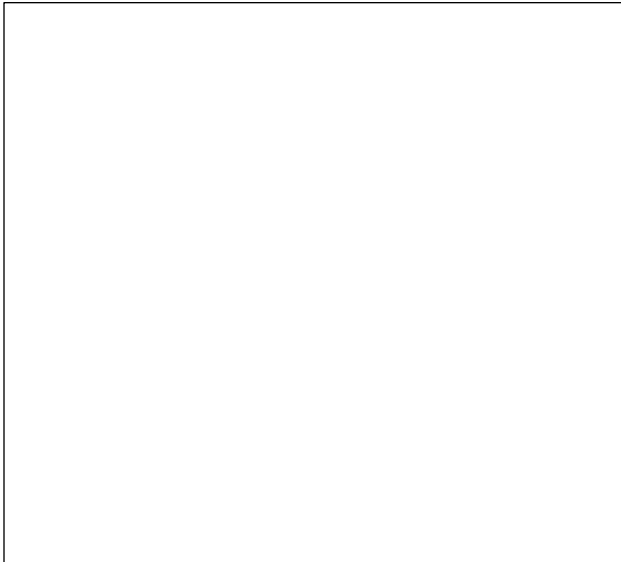
What equipment did you need to care for your calf? _____

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.

Multiple horizontal lines for writing a short story.

Signature _____
4-H Member

Signature _____
Parent/Guardian