

Livestock Project Book Supplement

Name _____ Project _____

Address _____

Club/Chapter _____ Advisor _____

Number of Years in this Project _____

PROJECT ANIMAL INFORMATION *required*

Identification of animal (tag # or tattoo #)	Sex	Breed	Date Purchased	Purchase price or value at start	Sale price of animal

TREATMENT RECORD *if applicable*

Treatment Date and Time	Animal ID	Condition Being Treated	Treatment Given (medication)	Dosage	Route of Administration	Date Withdrawal Completed
<i>April 10</i>	<i>38</i>	<i>Swollen hocks</i>	<i>Tylan 200</i>	<i>2.5 CC</i>	<i>IM</i>	<i>April 24</i>

FEED RECORD SUMMARY *required*

Date	Type of Feed	Pounds	Cost
Total Value of Feed		Lbs.	\$

SUPPLIES AND OTHER EXPENSES *required*

Date	Kind (insurance, veterinary, transportation, bedding, show supplies)	Cost
<i>April 2</i>	<i>1 Feeder @ \$85 ÷ 10 years use =</i>	<i>\$ 8.50</i>
TOTAL		\$

EQUIPMENT INVENTORY *required for Senior level*

Date	Description	Value at Beginning of the Project	Value at Project Book Interview
Total Value of Inventory		\$	\$

***THIS PRACTICE FORM IS TO BE TURNED IN WITH YOUR
FEED RECORD AT YOUR PROJECT INTERVIEW**

DRUG USE NOTIFICATION FORM (DUNF)	
Sections 1 through 9 must be completed prior to show	
EXHIBITION / FAIR NAME: <u> rhe </u>	2 DIGIT FAIR CODE <u> 29 </u>

PRINT CLEARLY

1. EXHIBITOR/OWNER NAME _____

2. MAILING ADDRESS _____

Street, P.O. Box Number

EXHIBITOR
PHONE (____) _____

City, State, Zip

3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo #, Legband) _____ _____

4. ANIMAL SPECIES (CIRCLE ONE) CATTLE HOGS SHEEP GOATS OTHER (Specify) _____

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.) _____ _____

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.

YES NO

7. I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.



IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.

Complete the treatment chart below ▼

TREATMENT DATE	CONDITION BEING TREATED	TREATMENT GIVEN				DATE WITHDRAWAL COMPLETE
		MEDICATION GIVEN (NAME OF MEDICATION)	AMOUNT (DOSE)	ROUTE (IM, IV, SQ, Oral)	INSTRUCTED WITHDRAWAL TIME (# DAYS)	

IF THIS IS AN EXTRA LABEL OR R_x DRUG, A VETERINARIAN MUST HAVE PRESCRIBED THE MEDICATION. LIST THE LICENSED VETERINARIAN'S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

VETERINARIAN NAME _____ STREET, P.O. BOX NUMBER _____ CITY, STATE, ZIP _____

8. EXHIBITOR/OWNER SIGNATURE _____ AGE: _____ DATE _____

9. PARENT/GUARDIAN SIGNATURE _____ DATE _____
(REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)

DISTRIBUTION by Records Official:
AGR DUNF (REV. 1/11)

WHITE FORM: REVIEW UPON COLLECTION AND IMMEDIATELY FORWARD TO ODA
 YELLOW FORM: TO BE RETAINED BY THE DESIGNATED RECORDS OFFICIAL FOR ONE YEAR
 PINK FORM: TO BE GIVEN TO THE OWNER/EXHIBITOR

REQUIRED ACTIVITIES

***be prepared to discuss:**

I completed these 5 new learning activities:

date completed:

1. _____ | _____
2. _____ | _____
3. _____ | _____
4. _____ | _____
5. _____ | _____

I participated in 2 new leadership/citizenship activities:

date completed

1. _____ | _____
2. _____ | _____

Attach a picture of your market animal here (digital pictures will be accepted)



Please note: a completed feed record sheet is needed for each and every market animal an exhibitor is taking.