



## DUTCHESS COUNTY 4-H

### SHEEP PROGRAM

### **PROJECT OBJECTIVES:**

The purpose of the project is to help 4-H Club members to:

1. Gain knowledge and skill in the principles of animal selection, breeding, feeding, management, fitting and showing, marketing, record keeping, and business.
2. Promote and develop leadership and desirable traits of character.
3. Develop a greater love of sheep and experience ownership.
4. Contribute towards the improvement and promotion of the sheep industry and learn the means of producing high quality sheep.
5. Prepare for the future by developing leaders and responsible citizens.

### **REQUIREMENTS:**

1. Be an Independent Member or a member of a 4-H club and attend meetings regularly.
2. Follow the leadership of the project leaders and Extension Staff.
3. Conduct a sheep project.
4. Complete a County Level Public Presentation, participate in the Paper Clover Project, and keep an accurate and up to date record book for each area of participation.



# PROJECT ANIMAL REPORT – *Yearling Ewes/Rams and Aged Ewes*

Please complete a report for each of your project animals (one sheep per sheet).

## PROJECT INFORMATION

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Please Circle:    Single                  Twin                  Triplet                  Quad

Flock Tag #: \_\_\_\_\_ Registration #: \_\_\_\_\_ Sex: \_\_\_\_\_

Date Purchased (if applicable): \_\_\_\_\_ Seller: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

## BREEDING INFORMATION – Please complete if your project animal is an ewe with lambs.

Date(s) Bred: \_\_\_\_\_ Bred To: \_\_\_\_\_

Date Lambed: \_\_\_\_\_ # of Lambs: \_\_\_\_\_ Lamb Birth Weights: \_\_\_\_\_

Please Circle:    Single                  Twin                  Triplet                  Quad

## PARASITE CONTROL

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

## HOOF CARE

Dates Trimmed: \_\_\_\_\_

## SHEARING

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_

## VACCINATION RECORD

*Clostridium Perfringens Types C & D – Tetanus Toxoid (CDT) – Overeating Disease*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

2<sup>nd</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**OR**

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Rabies*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Sore Mouth*

Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**SHOW RECORD** – Please keep records from all of the shows that you attended with your animal(s).

Date	Show	Class	Placing	# of Entries	Premium

**OTHER HEALTH PROBLEMS/OVERALL COMMENTS:**



# PROJECT ANIMAL REPORT – *Lambs*

Please complete a report for each of your project animals (one sheep per sheet).

## PROJECT INFORMATION

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Please Circle:    Single                  Twin                  Triplet                  Quad

Flock Tag #: \_\_\_\_\_ Registration #: \_\_\_\_\_ Sex: \_\_\_\_\_

Date Purchased (if applicable): \_\_\_\_\_ Seller: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Purchase/Birth Weight: \_\_\_\_\_ 60 Day Weight: \_\_\_\_\_ 120 Day Weight: \_\_\_\_\_

Date Docked: \_\_\_\_\_ Date Castrated: \_\_\_\_\_ Date Weaned: \_\_\_\_\_

## PARASITE CONTROL

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

## HOOF CARE

Dates Trimmed: \_\_\_\_\_

## SHEARING

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_

## LAMB STATUS

\_\_\_\_\_ Added to Flock                  \_\_\_\_\_ Died                  \_\_\_\_\_ Sold for \$ \_\_\_\_\_

## VACCINATION RECORD

*Clostridium Perfringens Types C & D – Tetanus Toxoid (CDT) – Overeating Disease*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

2<sup>nd</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**OR**

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Rabies (Be sure this is done 2 weeks before your first show.)*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Sore Mouth*

Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**SHOW RECORD** – Please keep records from all of the shows that you attended with your animal(s).

Date	Show	Class	Placing	# of Entries	Premium

**OTHER HEALTH PROBLEMS/OVERALL COMMENTS:**



## PROJECT ANIMAL REPORT – *Market Lamb*

Please complete a report for each of your project animals (one sheep per sheet). Be sure to complete a separate feed record and calculate rate of gain on page 14 for EACH market lamb raised.

### PROJECT INFORMATION

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Please Circle:    Single                  Twin                  Triplet                  Quad

Flock Tag #: \_\_\_\_\_ Registration #: \_\_\_\_\_ Sex: \_\_\_\_\_

Date Purchased (if applicable): \_\_\_\_\_ Seller: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Purchase/Birth Weight: \_\_\_\_\_ 60 Day Weight: \_\_\_\_\_ 120 Day Weight: \_\_\_\_\_

Date Docked: \_\_\_\_\_ Date Castrated: \_\_\_\_\_ Date Weaned: \_\_\_\_\_

### PARASITE CONTROL

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Date: \_\_\_\_\_ Medication: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

### HOOF CARE

Dates Trimmed: \_\_\_\_\_

### SHEARING

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date Shorn: \_\_\_\_\_ Weight of Fleece: \_\_\_\_\_ Disposition: \_\_\_\_\_

### LAMB STATUS

\_\_\_\_ Added to Flock                  \_\_\_\_ Died                  \_\_\_\_ Sold for \$ \_\_\_\_\_

## VACCINATION RECORD

*Clostridium Perfringens Types C & D – Tetanus Toxoid (CDT) – Overeating Disease*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

2<sup>nd</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**OR**

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Rabies (Be sure this is done 2 weeks before your first show.)*

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

Booster Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

*Sore Mouth*

Vaccination Date: \_\_\_\_\_ Withdrawal Time: \_\_\_\_\_

**SHOW RECORD** – Please keep records from all of the shows that you attended with your animal(s).

Date	Show	Class	Placing	# of Entries	Premium

**OTHER HEALTH PROBLEMS/OVERALL COMMENTS:**



## FEED RECORDS

Please record all of your feed expenses in the chart below.

MONTH	GRAIN		HAY		TOTAL VALUE
	# of Lbs.	Value	# of Bales	Value	
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
July					
August					
<b>TOTAL</b>					
<b>TOTAL FEED EXPENSES</b>					

Prices used to figure out above chart:

Grain at \$ \_\_\_\_\_ per pound      Hay at \$ \_\_\_\_\_ per pound

Supplements (I.E. Minerals, salt block) \$ \_\_\_\_\_ per pound





## WEIGHT RECORDS AND RATE OF GAIN FOR MARKET LAMB

First, track your monthly weights on your sheep. Then at the end of the project year, calculate the rate of gain for each animal. Rate of gain is the average pounds gained each day. To calculate your average rate of gain, first find the difference between the starting and ending weight of your goat. Then divide that number by the total number of days the animal was fed.

MONTH	WEIGHT IN POUNDS		
	SHEEP 1	SHEEP 2	SHEEP 3
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
July			
August			

RATE OF GAIN	SHEEP 1	SHEEP 2	SHEEP 3
STARTING WEIGHT (A)			
ENDING WEIGHT (B)			
TOTAL WEIGHT GAINED (B-A)			
TOTAL DAYS FED			
AVERAGE RATE OF GAIN			



## FINANCIAL SUMMARY

### EXPENSE RECORD

These may include veterinary bills, supplies, show entry fees, total feed costs, etc.

Date	Item	Cost

TOTAL:

### INCOME RECORD

Please record all income from or related to your project, including the sale of any project animals.

Date	Item or Service	Cost

TOTAL:

### PROFIT OR LOSS

Please determine if you made money or lost money on your project animal.

Total Expenses

=

\$

Total Income

=

\$

Income – Expenses

=

\$

Circle One:

Profit

Loss