



99 North Broad Street
Norwich, NY 13815
607-334-5841



4-H Dairy Goat Project Record

4H Member Name: _____

Years in 4-H Dairy Goat Program: _____ Age (As of January 1st): _____

4-H Club Name: _____

Project Animal Identification

	Animal Name	Breed	Date of Birth	Tattoo
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Expense Record

Record all expenses associated with your project animals including purchase of animals, feed costs, bedding, veterinary expense, equipment, etc.

Health Record

Record all treatments given to your project animals, including vaccinations, deworming, vitamin injections, if your animal fell ill, etc.

Date	Animal Name	Reason for Treatment	Treatment Administered
			Product: Dose:

Project Participation

List the Educational events, meetings, shows, clinics, etc. that you participated in.

Reflection:

What was your favorite event that you participated in this year and why?

Project Summary Reflection

1. Why did you choose to raise this project animal this year?

2. Describe TWO things you learned or improved this year:

a. _____

b. _____

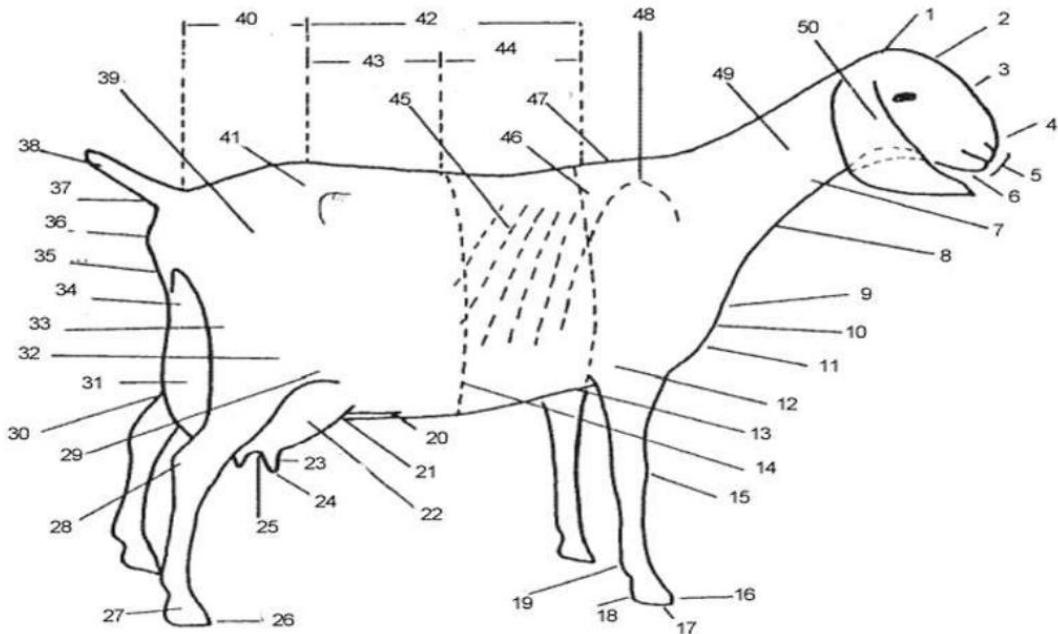
3. What is ONE thing you would like to improve or learn next year?

4. What recommendations/suggestions would you give to someone who is interested in doing a similar project animal?

Identifying Parts of a Dairy Goat

(Include this page if you are showing a Dairy Goat)

Ages 8-11 – 10 labels / Ages 12-15 – 30 labels / Ages 16-19 All labels



1. _____	14. _____	27. _____	39. _____
2. _____	15. _____	28. _____	40. _____
3. _____	16. _____	29. _____	41. _____
4. _____	17. _____	30. _____	42. _____
5. _____	18. _____	31. _____	43. _____
6. _____	19. _____	32. _____	44. _____
7. _____	20. _____	33. _____	45. _____
8. _____	21. _____	34. _____	46. _____
9. _____	22. _____	35. _____	47. _____
10. _____	23. _____	36. _____	48. _____
11. _____	24. _____	37. _____	49. _____
12. _____	25. _____	38. _____	50. _____
13. _____	26. _____		