



Small Animal

Project

Record





Dog

Project

Record





Cat



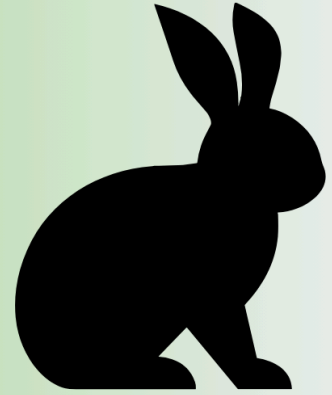
Project

Record



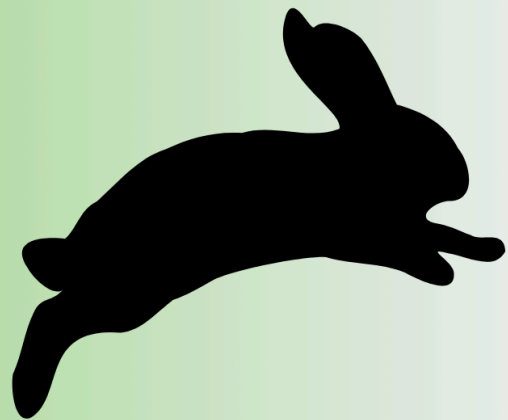


Rabbit



Project

Record





Fowl

Project

Record





4-H Small Animal Project

Record

Name _____ Age _____
(first) (last)

Club Name _____ County _____

Year in 4-h _____ year in this project _____

My Animals name is _____ Male _____ Female _____

Breed _____ Purebred _____ Mixedbred _____

Species _____

Animals Age _____

Project Goals (at start of project)

1. _____
2. _____
3. _____

Member signature _____ Parent signature _____

Summary of Accomplishments
(Attach pages as needed)

Member signature _____ Parent signature _____

Activities, Events and Experiences

Include 4H training classes

[illegible]

Dog Vaccinations Records

Receipts must be included in your record book.

Vaccination	Date
Rabies**	
Distemper**	
Hepatitis**	
Leptospirosis	
Parainfluenza**	
Parvovirus**	
Coronavirus	
Kennel Cough	
Lyme Disease	

**required

Name and address of veterinary clinic:

Name of veterinarian: _____

Other vaccination and parasite control information:

Cat Vaccinations Records

Receipts must be included in your record book.

Vaccination	Date
Panleukopenia**	
Rhinotracheitis**	
Calicivirus**	
Rabies**	
Feline Leukemia	
Bordetella Bronchiseptica	
Chlamydophila Felis	

**required

Name and address of veterinary clinic:

Name of veterinarian: _____

Other vaccination and parasite control information:

Fowl Vaccinations Records

Receipts must be included in your record book.

Vaccination	Date
Chickens	
Marek's Disease	
Infectious Bursal Disease	
Fowl pox	
Coccidiosis	
Infectious Laryngotracheitis	
Salmonella Enteritidis	
Chicken Anemia Virus	
Infectious Coryza	
Both	
New Castle Disease	
Turkey	
Fowl Cholera	
Hemorrhagic Enteritis	
Bordetella Avium	
Bronchitis	
Turkey Herpesvirus	

Rabbit Vaccinations Records

Receipts must be included in your record book.

Vaccations	Date
Myxomatosis**	
RVHD1**	
RVHD2**	

**required

Name and address of veterinary clinic:

Name of veterinarian: _____

Other vaccination and parasite control information:

Health Record

Date	Treatment or service	Performed By	Cost of Treatment	Comments
		Total Cost		

Please list all medical expenses for your Animal. Include costs of medicine, veterinary service, and other health practices performed by you, your parents, or others.

Equipment and Supply Inventory

At the beginning of 4-H year take an inventory of what equipment and supplies are on hand. Add new equipment or supplies to your purchase to the list. Estimate a cost value for any shared equipment. (Ex. 1 set of nail clippers shared between 3 members \$21.00/3 — 7.00/each)

Amount & kind	Already Owned or Purchased	Purchase Price
Example: Kennel	Already Owned	
	Total	\$

Feed Records and Expenses

Keeping good feed records is important. Good records show your expenses for feed and what kind of feed you use for your project. A good practice is to enter your feed expenses when you buy feed. Home- raised feeds should be valued at the marketplace — what it can be sold for.

Type and Cost of Feed Used

Date of purchase	Amount Purchase (lbs.)	Brand of Feed	Cost or Value
Total Pounds		Total Cost	

Miscellaneous Expenses Or Fees

List any expenses that do not fit into one of the previous categories.
Include boarding or per sitting fees or hotel pet fees.

Date	Description	Cost\$
	Total Miscellaneous Expenses	\$

Miscellaneous Income

List an income that is applicable to this project. Prize money from shows should be listed in the Exhibit Table.

Date	Description	Income \$
	Total income	\$

Exhibit Record

Name Of Show	Show Date	Entry Fees	Class	Number in Class	Placing	Premium Amount
		Total Entry Fee Cost \$			Total Premium Won \$	

Project Financial Summary

One goal of the Small Animal project is to teach budgeting, marketing and money management skills. The following chart will help you evaluate the financial status of your project.

Income	
--------	--

A. Miscellaneous Income	
B. Show Premiums	
Total Income	
	\$

Expenses	
----------	--

1.Purchased Animals (purchased price of Animal if purchased this year)	
2.Equipment Expenses	
3.Feed Expenses	
4.Health Expenses	
5.Miscellaneous Expenses	
6.Show Expenses	
Total Expenses	\$
Financial Summary (Total Income- Total Expenses)	
Profit/ Loss (circle one)	\$

Dog Only: Training your Dog

Check commands your dog obeys and tricks it has learned. Please list any additional commands, tricks, or stunts.

Commands

Heel on leash

Heel off leash

Come when called

Sit

Sit and stay

Lie down

Down Stay

Walk it

Roll over

Jump

Leave it

Tricks

Sit up

Play Catch

Carry

Fetch

If you show your dog in what way did you exhibit your dog?

Conformation

Obedience/Rally Trial

Club Tour

Field Trial

Agility Trial

Other (specify)

Sanctioned Match

County 4-H

Inspection

Stock Dog Demo

Tri-County 4H Trial

Other (specify)

Is your dog registered in: ____ American Kennel ____ American Field ____ other: _____

PROJECT PHOTOGRAPHS

Include photos with captions that reflect what you do with
your Small Animal and/or how you care for it.

Activities, Events and Experiences (Continued)

[illegible]

Feed Records and Expenses (Continued)

Type and Cost of Feed Used

Date of purchase	Amount Purchase (lbs.)	Brand of Feed	Cost or Value
Total Pounds		Total Cost	

