

4-H SHEEP WORKSHEET

Grade 5



Name: _____ 4-H Club: _____

Answers to these questions can be found in the "Sheep Resource Handbook" 4-H 194 R

Use Chapter 1 to answer the following questions:

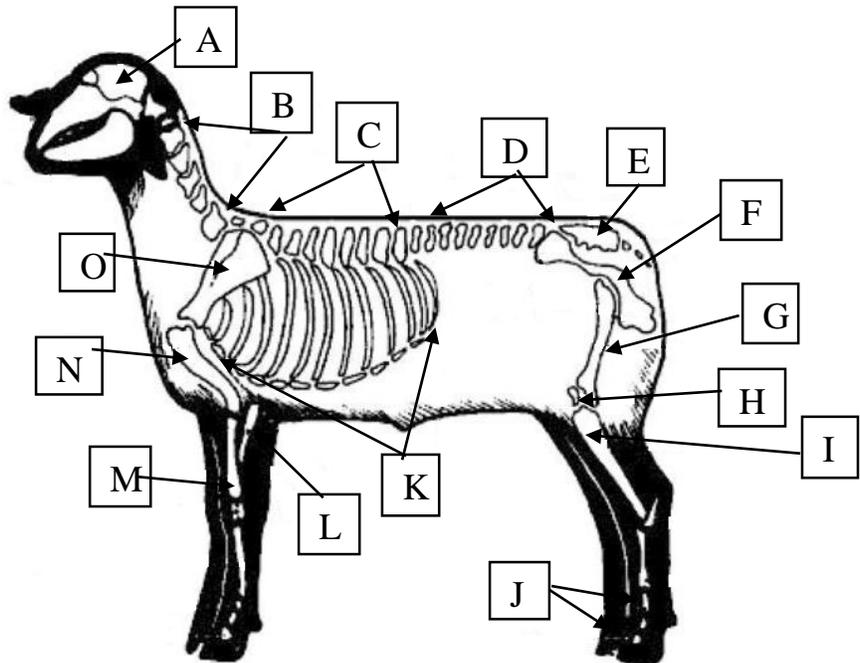
1. Write the letter of the definition next to the vocabulary word it matches.

- | | |
|-----------------|--|
| ___ Incisors | a. meat from sheep older than 12 months of age |
| ___ Polled | b. naturally hornless |
| ___ Tagging | c. the fat within the muscle |
| ___ Concentrate | d. a feed high in nutrients and low in fibrous materials |
| ___ Marbling | e. front teeth |
| ___ Gestation | f. Trimming/shearing the wool away from the tail or dock area |
| ___ Mutton | g. Removal of the tail |
| ___ Docking | h. time from the date the ewe is mated with the ram until the lamb is born |

Use Chapter 2 to answer the following questions:

2. Match the correct letter to the correct part of the sheep.

- ___ Ribs
- ___ Thoracic Vertebrae
- ___ Sacrum
- ___ Humerus
- ___ Phalanges
- ___ Patella
- ___ Pelvis
- ___ Lumbar Vertebrae
- ___ Tibia
- ___ Scapula
- ___ Cranium
- ___ Radius
- ___ Cervical Vertebrae
- ___ Femur
- ___ Ulna



Use the feed label (and page 63 in the manual) to the right to answer the following questions:

3. What is the active drug ingredient?

4. What is the maximum crude fat?

5. What vitamins are in the feed?

6. What disease does this prevent?

7. What growth stage should receive this feed?

Net Weight 50 Pounds

GRO-MOR

16% Lamb Finisher B

Medicated
For the prevention of coccidiosis caused by *Eimeria ovina*, *E. crandallis*, *E. ovinoidalis*, *E. ninakohlyakimovae*, *E. parva*, and *E. intricata*.

Active Drug Ingredient

Lasalocid 30 gm/ton

Guaranteed Analysis

Crude Protein	.....	Min. 16.00%
(Includes not more than 1.0% Crude protein equivalent from nonprotein nitrogen)		
Crude Fat	.....	Min. 2.50%
Crude Fiber	.....	Max. 4.75%
Calcium	.....	Min. 0.40% Max. 0.50%
Phosphorus	.....	Min. 0.60%
Salt	.....	Min. 0.40% Max. 0.60%

Ingredients

Grain Products, Animal Protein Products, Plant Protein Products, Dicalcium Phosphate, Calcium Carbonate, Salt, Potassium Chloride, Magnesium Oxide, Vitamin A Acetate in Gelatin, D-Activated Animal Sterol (Source of Vitamin D3), Vitamin E Supplement, Menadione Dimethylprimidinol Bisulfite (Source of Vitamin K), Riboflavin Supplement, D-Calcium Pantothenate, Niacin, Vitamin B12 Supplement, Choline Chloride, Zinc Oxide, Ethylene Diamine Dihydrodiode, Cobalt Carbonate, and Sodium Selenite.

Caution

The safety of Lasalocid in unapproved species and breeding animals has not been established. Do not allow horses or other equines access to Lasalocid as ingestion may be fatal. Feeding undiluted or mixing errors resulting in excessive concentrations of Lasalocid could be fatal to sheep.

Feeding Directions

Feed as the sole ration to lambs from 80 pounds body weight to market. Feed continuously to provide not less than 15 mg. nor more 75 mg. of Lasalocid per head per day depending on body weight. Provide plenty of clean fresh water.

Manufactured by: XYZ Feed Company
Sheep Division
Anytown, USA 12345

16% LAMB FINISHER B

Please answer the general questions below.

8. Why did you select this project?

9. What type of housing are you providing for your animal and what three things would you like to improve in the care of your animal? _____

10. Now that you have identified some areas to improve, please list your specific goals for this year.



DEKALB COUNTY LIVESTOCK RECORD

(Check one)

- Beef
- Goat
- Feeder Calf
- Swine
- Sheep
- Dairy
- Dairy Beef

You need to be keeping Monthly records. Use separate pages to record your monthly data and use this form to summarize your information.

Name _____ Grade _____

Club _____ (of participation) Years in 4-H _____ (including this year) Years in this project _____ (including this year)

Table 1. Inventory of 4-H Project Animals

ID/Registration #	Animal's Name	Breed	Sex	Date of Birth	Value

(add more pages, if necessary)

Table 2. List the items you feed to your animals (include type of feed, quantity, costs).

Type of Feed	Total Amount Fed	Total Cost or Estimated Value of Feed
	#	\$
	#	\$
	#	\$
	#	\$
Grand Total	#	\$

Did you give a demonstration? Yes _____ No _____
 If yes, list the date given, title of demonstration and number of people present.

List any tours, workshops, clinics, etc. you participated in relating to this project.

Financial Summary	
Item	Cost
Income	
Sale of animals (estimate income, if not yet sold) OR estimate value for breeding animals.	
Any other income from project (i.e. Open Shows)	
Total Income	\$
Expenses	
Cost of animals	
Feed costs (growing rations, finishing rations, etc.)	
Veterinary/medical fees/health paper fees	
Housing or Rent	
Manure Handling	
Bedding	
Fencing	
Transportation	
Equipment (feed, show, groom)	
Other (List)	
Total Expenses	\$
Income – Expenses: Actual or Projected Profit (loss)	\$

For Market Animals Only					
Feed Record:	No. 1	No. 2	No. 3	No. 4	No. 5
1. Estimate weight of animal in early Sept.					
2. Initial weight of animal (estimate or weigh-in weight)					
3. Total weight gain (line 2 minus line 1)					
4. Number of days fed					
5. Average daily gain (line 3 divided by line 4)					
6. Total pounds feed fed					
7. Pounds feed per pound gain					