

**4-H SHEEP RECORD SHEET**  
**LEVEL 1 (Grades 3 - 5)**  
*Record must be completed and turned in to 4-H Leader*

Date \_\_\_\_\_

Side 1

NAME \_\_\_\_\_ NAME OF 4-H CLUB \_\_\_\_\_ YEARS IN PROJECT \_\_\_\_\_

(including this project)

List animals coming to the Fair: (attach additional sheet, if needed)

Ear or Flock Tag	Breed	Sex	Birthdate

4-H'er must complete **four (4) new activities** (required or "More Challenges") each year. Fill in appropriate information below.

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**ACTIVITIES COMPLETED:**

**Name of Activity Completed** (if "More Challenges" activity, list page number and activity number), date completed, what you learned from this activity:

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**SHEEP RELATED ACTIVITIES** you have participated in this year:

DATE	SHOWS, WORKSHOPS, ETC.	LOCATION	WHAT LEARNED	ACCOMPLISHED

Number of hours spent on Sheep project (includes feeding, grooming, general care, exercising and preparing animal for fair)\_\_\_\_\_.

**EXPENSES OF 4-H SHEEP PROJECT:**

**COSTS**

- Cost of Animal(s) (include loan interest)
- Feed Costs
- Vet/Medical Fees
- Manure Handling Fees
- Housing & Bedding Costs
- Breeding Fees
- Transportation Fees
- Show Equipment Costs
- Registration Fees
- Other (list) \_\_\_\_\_

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**TOTAL EXPENSES**

\_\_\_\_\_

**RECEIPTS OF 4-H SHEEP PROJECT**

- Selling of sheep
- Other income from project (prize money from shows, etc.)
- (list)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTUAL OR PROJECTED INCOME OR LOSS**

\_\_\_\_\_

**4-H Sheep Health Record**

Health Problem/Vaccination	Treatment	Date

Exhibitors are encouraged to work with their veterinarian to develop specific preventative medicine programs to ensure the health and welfare of their animals. A client-patient-veterinarian relationship can be a special part of the 4-H experience for young animal exhibitors.

4-H Leader Signature\_\_\_\_\_Date\_\_\_\_\_