

Kansas 4-H Bucket Calf Project Record

Year _____

Name _____ 4-H Age _____

Yrs. in 4-H _____ Breed of Calf _____ Sex of Calf: M _____ F _____

What color is your calf? _____

Is your calf Dairy or Beef? Circle one: Dairy Beef

What is your calf's ear tag number? _____

How much did your calf weigh when you bought it? _____

When did you get it? _____

What did your daily chores to take care of the calf look like?

What did you feed your calf each day? _____

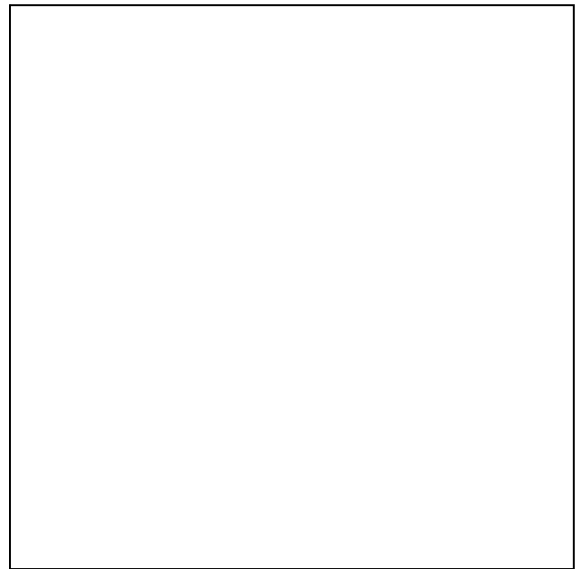
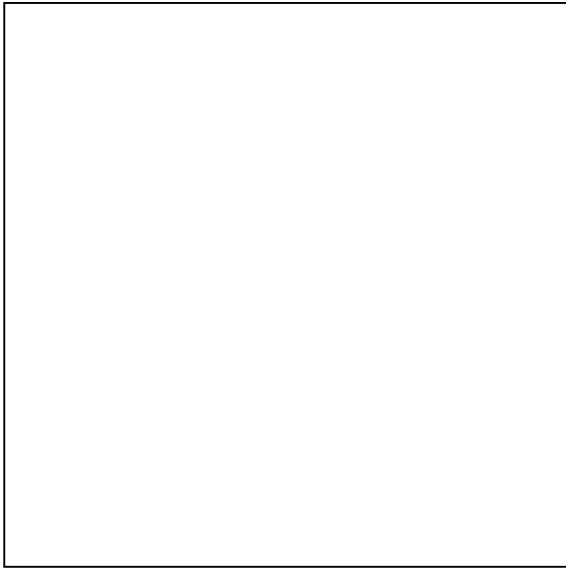
What were some troubles and successes you had with your calf?

What equipment did you need to care for your calf _____

Bucket Calf Record

Beginning Picture (optional)

Ending Picture (optional)



Write a short story telling about where you got your calf, shots or medicine given to your calf, what you have learned from this project, and the fun you had raising your calf.

Signature _____
Project Leader

Signature _____
Parent/Guardian



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