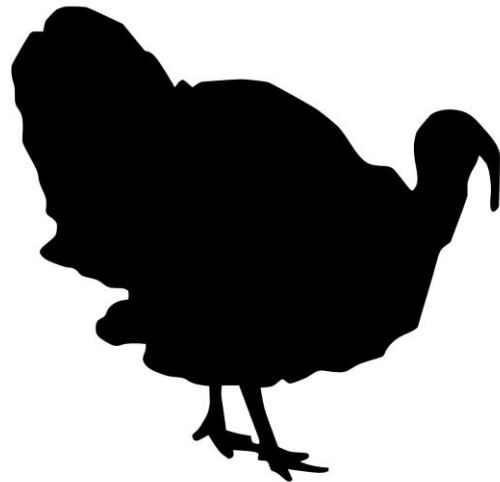
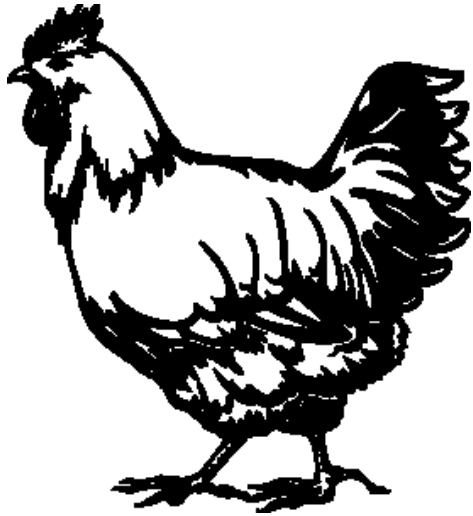


Market Poultry/Turkey Project Record Book



Name: _____ Year: 20____

4-H or FFA Club: _____

Current Age: _____ Birth Date: _____

Number of Years in the Poultry Project: _____

**This Record is due the day of the
Livestock Sale Banquet**

BEGINNING INVENTORY

Chicken/Turkey #1

Breed	Wingband #	Sex	Purchase Price	Total Value
			\$	

Chicken/Turkey #2

Breed	Wingband #	Sex	Purchase Price	Total Value
			\$	

PROJECT GOALS

My main goal in this project is: _____

Things I want to accomplish in this project: _____

Things I hope to learn in this project are: _____

WEIGH-IN INFORMATION

	Chicken/Turkey #1	Chicken/Turkey #2
Initial weight upon pickup		
Final Weigh-In		
Average Daily Gain		

How to calculate ADG (Average Daily Gain):

Take your final weight minus the beginning weight which equals the total required gain, then take that divided by the days on feed (day of selection until final weigh in) which gives you the ADG.

PROJECT EXPENSE INVENTORY

Feed	Amount Bought	Cost
Pellets		
Other Feeds		
	Total Feed Expenses:	\$

Other Expenses	Amount Bought	Cost
Bedding (straw or shavings)		
Equipment		
Supplies		
Medication or Veterinary Expenses		
	Total of Other Expenses:	\$

Grand Total of Expenses	\$
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INCOME

Chicken/Turkey Sold Wingband	#
Amount Sold for	\$
Premiums	\$
Total Income	\$
<i>Transfer Grand Total of Expenses</i>	\$
Total Profit	\$

Market Animal Drug History Form

SPECIES WINGBAND #: _____ POULTRY/TURKEY #1

I hereby certify that this animal has not received, or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances, without following current withdrawal procedures.

Products and Dates Administered to Animal:

Exhibitor's Name (printed): _____ Date: _____

Signature of Parent/Guardian: _____

Address, City & Zip: _____

Phone Number: _____

THIS COMPLETED FORM MUST BE TURNED IN AT FINAL WEIGH-IN

Market Animal Drug History Form

SPECIES WINGBAND #: _____ POULTRY/TURKEY #2

I hereby certify that this animal has not received, or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances, without following current withdrawal procedures.

Products and Dates Administered to Animal:

Exhibitor's Name (printed): _____ Date: _____

Signature of Parent/Guardian: _____

Address, City & Zip: _____

Phone Number: _____

THIS COMPLETED FORM MUST BE TURNED IN AT FINAL WEIGH-IN



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Animal Health, Phone (608) 224-4889 Fax (608) 224-4871

POULTRY CERTIFICATION

I, _____, hereby certify that no poultry have died (not
(Exhibitor or, if minor, parent or guardian)
including death by slaughter, predator or accident), within 10 calendar days of this event, on the premises
at which the poultry entered at this event have been kept.

Name of exhibitor: _____

Name of exhibitor's parent/guardian
(if exhibitor is a minor): _____

Address of exhibitor: _____

Phone number of exhibitor: _____

Address where poultry are kept: _____

Premises code number of poultry location: _____

Name of event: _____

Event location address: _____

(Signature of exhibitor or parent/guardian if exhibitor is a minor)

(Date)

*Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.).
This institution is an equal opportunity provider.*