

# Market Rabbit Project Record Book



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Name: \_\_\_\_\_ Year: 20\_\_\_\_

4-H or FFA Club: \_\_\_\_\_

Current Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Number of Years in the Rabbit Project: \_\_\_\_\_

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

# Breeding Information

Rabbit #1:

Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Left Ear Tattoo #: \_\_\_\_\_

Right Ear Tattoo #: \_\_\_\_\_

Parent Information:	
Doe's Name:	Buck's Name:
Doe's Tattoo #:	Buck's Tattoo #:
Doe's Breed:	Buck's Breed:

Date Breed	Date Kindled	Number Kindled	# of Bucks	# of Does

Pertinent Information to know about Rabbit #1:

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Rabbit #2:

Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Left Ear Tattoo #: \_\_\_\_\_

Right Ear Tattoo #: \_\_\_\_\_

Parent Information:	
Doe's Name:	Buck's Name:
Doe's Tattoo #:	Buck's Tattoo #:
Doe's Breed:	Buck's Breed:

Date Breed	Date Kindled	Number Kindled	# of Bucks	# of Does

Pertinent Information to know about Rabbit #1:

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**Purchased Rabbits**  
(Complete this page)

Rabbit #1	
Date Born:	Sex:
Left Ear Tattoo #:	Right Ear Tattoo #:
Breed:	Bought From:
Date Purchased:	Price: \$

Rabbit #2	
Date Born:	Sex:
Left Ear Tattoo #:	Right Ear Tattoo #:
Breed:	Bought From:
Date Purchased:	Price: \$

Please share the circumstances that necessitated your fair rabbit purchase:

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**Weigh-In Information**

	Rabbit #1	Rabbit #2
June 25		
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 (June 25 till final weigh in) which gives you the ADG.



<b>Grand Total of Expenses</b>	<b>\$</b>
<b>Income</b>	
Rabbit Sold Tattoo #	
Amount Sold For	<b>\$</b>
Premiums	<b>\$</b>
<b>Total Income</b>	<b>\$</b>
<b>Total Profit</b> (expenses – income)	<b>\$</b>

**What did you learn?**

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**Did you have any problems with breeding, feeding, or any other issues?**

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**What would you do differently?**

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**What would you do the same?**

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## Market Animal Drug History Form

**SPECIES:**       Beef/Dairy Beef      Premises ID # \_\_\_\_\_  
                   Sheep                      Ear Tag / ID # \_\_\_\_\_  
                   Swine                        Pen # (swine) \_\_\_\_\_  
                   Rabbit  
                   Poultry

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**

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Address, City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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