

2024

FLAGLER COUNTY FAIR

& YOUTH SHOW

**POULTRY RECORD BOOK**

Exhibitor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibitor Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_Age as of (9/1/23)\_\_\_\_\_\_

Age Division (circle **one**) Peewee (5 thru 7) Junior (8 thru 10)

Intermediate (11-18)

Club (circle **one**) 4-H FFA

Club Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Record Book Requirements and Scoring

\*\*Please know scoring is subjective due to the nature of this book\*\*

|  |  |  |
| --- | --- | --- |
| **Item** | **Points Possible** | **Points Earned** |
| Exhibitor Information | 4 |  |
| Project Page, Certification Statement, Drug Statement | 5 |  |
| Project Animal Inventory(page 4) | 6 |  |
| Project Inventory (page 5) | 9 |  |
| Non-Feed Expenses(page 6) | 10 |  |
| Feed Expenses(page 7) | 10 |  |
| Health & Veterinary Record, Remarks & Incidents (page 8)(page 9) | 5 |  |
| Animal Health (page 9) or 11 Rabbits) | 15 |  |
| Sponsor Income & Other Income – Sale, Show Premiums & Add-ons (page 10) | 9 |  |
| Pictures (pages 11, 12 & 13) | 9 |  |
| Copy of Buyers Letter | 10 |  |
| Neatness, Legibility and Thoroughness  | 8 |  |
| Total Score | 100 |  /100 |

**Project Agreement**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification Statements**

I hereby certify that as the exhibitor of this project, I have been personally responsible for the care of this animal. I have personally kept records on this project, and I have personally completed this record book.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibitor Signature and Date

I/We, the parent(s)/guardian(s), certify that our son/daughter has completed this project, with our encouragement and assistance, has completed this record book, and will comply with all of the rules and regulations of this show.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature and Date

This exhibitor is a current and active member in good standing with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_4H Club or the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FFA Chapter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Leader/Advisor Signature and Date

**Drug Statement**

This is to acknowledge that I have been advised that the presence of any drug, antibiotic, or biological residue in my market animal at slaughter will result in the condemnation of the carcass and forfeiture of all sale proceeds and premiums.

I hereby certify that any drug, antibiotic, or biological residue which may have been administered by myself, or any person, was done so in strict compliance with the manufacturer’s label requirements or as prescribed by a veterinarian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibitor Signature Parent/Guardian Signature

**Pullet Project Animal Inventory**

**Pullets:** List all the birds in your project. (There should be six)

**Terms:**

**Animal Description-** This could be the names of your birds or numbers from another type of identification such as a banding or tattoo.

**Breed**- Include any identifying information such as breed, color and size.

**Sex**- This should be listed as hen or rooster for the pullets.

**Date Acquired or Date of birth**- The date you took ownership or the birth date of the animal.

**Indicate if kept, Sold or Died**- This represents the current status of your stock at the end of your project.

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| --- | --- | --- | --- | --- |
| **Animal Description** | **Breed** | **Sex** | **Date Acquired/DOB** | **Kept, Sold or Died** |
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**Project Inventory**

List all equipment and assets you purchased for this years’ project. **List only those items you will keep past the end of your project.** Do not list expendable items such as feed, shampoo, or baby wipes.

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| **Item Description** | **Date Acquired** | **Purchase cost** |
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|  | **Page Total:** | **$** |

**Non-Feed Expenses**

List non-feed expenses (everything you spend money on that you will **NOT** have at the end of this project). This should **NOT** include feed. This may include entry fees, vet expenses, bedding, transportation, postage, advertising/marketing costs, clipping or trimming, registration fees, plaques and medications.

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| **Date** | **Description** | **Total Cost** |
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|  | Total:  | $ |

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| **Month** | **Pounds of roughage, grain & Supplements** | **Description of roughage, grain or supplements with %** | **Monthly totals** |
| December 2022 | 50 lbs  | 18% Chick Starter | $18.00 |
| January 2023 | 100 lbs split betweenbrothers | 18% Pullet Grower | $36.00 ÷ 2 = $18.00 |
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| **Totals:** | # |  | $ |

**Feed Expenses**

Using the examples below, enter your feed data per month in the table. Please add a second page if needed

**Health Record**

The Health Record includes all health-related activities (vet services, de-worming, medicated feeds with withdrawal times, and vaccinations). You should include the animal treated, what treatment was used, how it was administered, and the purpose of the treatment. If you did none of the above mentioned please note accordingly.

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| --- | --- | --- | --- | --- |
| Dates ofTreatment | Type of Treatment | Purpose of Treatment | Dosage | WithdrawalTime |
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| Notes: |

**Animal Health**

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| --- | --- |
| **\_\_\_\_\_1. Capon** | 1. physically mature and will lay eggs
 |
| **\_\_\_\_2. Pullet** | 1. opening where she expels waste and lays her eggs
 |
| **\_\_\_\_3. Hackle** | 1. male chicks under the age of one year
 |
| **\_\_\_\_4.** **Comb** | 1. "fingertip" feathers, the longest on a bird's wing and the farthest away from the bird's body when the wings are extended
 |
| **\_\_\_\_5. Primary Feathers** | 1. fleshy dewlap that hangs from the head of most chickens.
 |
| **\_\_\_\_6. Cockerel** | 1. Middle wing feathers (between covert and primaries)
 |
| **\_\_\_\_7. Secondary Feathers** | 1. Feathers around the neck
 |
| **\_\_\_\_8. Vent** | 1. A young hen, commonly under one-year-old
 |
| **\_\_\_\_9. Wattle** | 1. fully grown and mature chickens
 |
| **\_\_\_\_10. Hen** | 1. castrated male chicken
 |
| **\_\_\_\_11. Rooster** | 1. fleshy mass on the head of most of the chicken breeds
 |
|  |  |

**Project Enterprise Summary**

**Other Income**

List income from your project, such as premiums from jackpot shows, fairs, sales, add-ons or other monies earned. If you have no other income from your project, then enter zero.

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| **Date** | **Description** | **Total** |
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|  **Total** |  |

**Sponsor Income**

List income from sponsors in the chart below. If you do not receive financial (money) support from a sponsor, then enter zero.

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| **Date** | **Description** | **Total** |
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| **Total** |  |

**Sponsor Donations**

List donations of supplies, transportation, equipment and other items below.

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| --- | --- |
| **Date** | **Description** |
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**Project Photographs**

Include at least 3 pictures with you and you project animal; beginning, middle and end of your project. Photos should be 3”x5” or 4”x6”. Make sure they are attached neatly and securely. In the space below the picture write a caption. Each caption should include the date, description in full sentences and skill learned at time of picture.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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