# 4-H Sheep Breeding Stock Financial Record

| 1. FI | NANCIAL ARRANGEMENT - | – Explain how yo | ou pay for your 4-H | I project (i.e. buying animals, |
|-------|-----------------------|------------------|---------------------|---------------------------------|
|-------|-----------------------|------------------|---------------------|---------------------------------|

**2. MANAGEMENT RECORD** – Describe the management practices you did this year (i.e. breeding synchronization, A.I., deworming, foot trimming, changes in feeding program, etc.) **Note**: Record animal drugs in Treatment Record.

**3. BEGINNING INVENTORY OF BREEDING ANIMALS** as of September 1<sup>st</sup> of the project year. *(attach extra sheets as necessary)* 

| Animal Value | I.D # / Name    | Sex                                       | D.O.B. | Breed |  |  |  |  |  |
|--------------|-----------------|---|--------|-------|--|--|--|--|--|
|              |                 |   |        |       |  |  |  |  |  |
|              |                 |   |        |       |  |  |  |  |  |
|              |                 |   |        |       |  |  |  |  |  |
|              |                 |   |        |       |  |  |  |  |  |
|              | Total Reginning | Total Reginning Value of Breeding Animals |        |       |  |  |  |  |  |

**\$** Total Beginning Value of Breeding Animals

**4. Ending Inventory of Breeding Animals** as of September 1<sup>st</sup> of the project year. *(attach extra sheets as necessary)* 

| I.D # / Name | Sex          | D.O.B.           | Breed                   |
|--------------|--------------|------------------|-------------------------|
|              |              |                  |                         |
|              |              |                  |                         |
|              |              |                  |                         |
|              |              |                  |                         |
|              | I.D # / Name | I.D # / Name Sex | I.D # / Name Sex D.O.B. |

**S** Total Ending Value of Breeding Animals

# 5. Lambing Records of Breeding Stock for current project year. (attach extra sheets as necessary)

| Replacement<br>Value or<br>Purchase<br>Price | I.D. # /<br>Name | DOB | Sex | Breed | Dam | Sire | Breeding Dates<br>(during project<br>year) | Date<br>Due | Sex & D.O.B. of Progeny born in project year | Comments:<br>(sold, culled,<br>etc.) |
|--|------------------|-----|-----|-------|-----|------|--|-------------|--|--------------------------------------|
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |
|  |                  |     |     |       |     |      |  |             |  |                                      |

Total Ending Value of Breeding Animals

### 6. TREATMENT RECORD

| Treatment<br>Date | Animal<br>ID                  | Condition<br>being<br>treated | Estimated<br>Weight | Treatment Given (medication, amount, route of administration) | Person<br>who gave<br>treatment | Instructed<br>Withdrawal | Results<br>(recovered,<br>died, etc.) | Date<br>Withdrawal<br>Completed | If extra label<br>or Rx, list<br>veterinarian | Cost of medication |
|-------------------|-------------------------------|-------------------------------|---------------------|---|---------------------------------|--------------------------|---------------------------------------|---------------------------------|---|--------------------|
|                   |                               |                               |                     |   |                                 |                          |                                       |                                 |   |                    |
|                   |                               |                               |                     |   |                                 |                          |                                       |                                 |   |                    |
|                   |                               |                               |                     |   |                                 |                          |                                       |                                 |   |                    |
|                   |                               |                               |                     |   |                                 |                          |                                       |                                 |   |                    |
|                   |                               |                               |                     |   |                                 |                          |                                       |                                 |   |                    |
|                   |                               |                               |                     |   |                                 |                          |                                       |                                 |   |                    |
|                   |                               |                               |                     |   | -                               |                          |                                       |                                 |   |                    |
|                   |                               |                               |                     |   | _                               |                          |                                       |                                 |   |                    |
|                   | Total Cost of Medications: \$ |                               |                     |   |                                 |                          |                                       |                                 |   |                    |

### 7. COST AND INCOME FROM LIVESTOCK AND PRODUCT

| Item/ID# | Date Born/Purchased | Weight  | Purchase<br>Cost/Value | Sold To | Date Sold | Weight     | \$/Unit | Total<br>Income |
|----------|---------------------|---------|------------------------|---------|-----------|------------|---------|-----------------|
|          |                     |         |                        |         |           |            |         |                 |
|          |                     |         |                        |         |           |            |         |                 |
|          |                     |         |                        |         |           |            |         |                 |
|          |                     |         |                        |         |           |            |         |                 |
|          |                     |         |                        |         |           |            |         |                 |
|          |                     |         |                        |         |           |            |         |                 |
|          |                     |         |                        |         |           |            |         |                 |
|          | (A) Total Cos       | sts: \$ |                        |         | (B)       | Total Inco | me: \$  |                 |

| 8. Project Expenses: Feed Record For #of Ani | mals. |
|--|-------|
|--|-------|

Summarize you feeding program. Explain your program for feeding each Age/Type of animal in your project (e.g. pregnant, lactating, open ewes, nursing, weaned or market lambs, etc). Example: I have 3 acres of pasture that I graze for 9 months of the year. I feed lactating and bred ewes, show animals and all lambs under I year of age a mixed grain or complete feed, in addition to hay/pasture. All animals have access to minerals at all times.

Record below feed types and quantities for all animals during the project year. Express all feed quantity in pounds.

| Month               | Age/Type and Number of Animals                            | Grain | Complete<br>Feed | Creep<br>Feed | Mineral | Grass<br>Hay | Alfalfa | Days on Pasture* | Other |
|---------------------|---|-------|------------------|---------------|---------|--------------|---------|------------------|-------|
| Example:            | 2 lactating ewes, 7 bred ewes, 2 nursing lambs, and 1 ram | 165   |                  |               | 2       |              | 500     | 31               |       |
| September           |   |       |                  |               |         |              |         |                  |       |
| October             |   |       |                  |               |         |              |         |                  |       |
| November            |   |       |                  |               |         |              |         |                  |       |
| December            |   |       |                  |               |         |              |         |                  |       |
| January             |   |       |                  |               |         |              |         |                  |       |
| February            |   |       |                  |               |         |              |         |                  |       |
| March               |   |       |                  |               |         |              |         |                  |       |
| April               |   |       |                  |               |         |              |         |                  |       |
| May                 |   |       |                  |               |         |              |         |                  |       |
| June                |   |       |                  |               |         |              |         |                  |       |
| July                |   |       |                  |               |         |              |         |                  |       |
| August              |   |       |                  |               |         |              |         |                  |       |
| Total Lbs. of Feed: |   |       |                  |               |         |              |         |                  |       |

| Feed Summary (list feeds) | Total Pounds | X | Cost per Pound |  | Total |
|---------------------------|--------------|---|----------------|--|-------|
| Grain                     |              |   |                |  |       |
| Complete Feed             |              |   |                |  |       |
| Creep Feed                |              |   |                |  |       |
| Mineral                   |              |   |                |  |       |
| Grass Hay                 |              |   |                |  |       |
| Alfalfa                   |              |   |                |  |       |
| Pasture *                 |              |   |                |  |       |
| Other                     |              |   |                |  |       |
|                           |              |   |                |  |       |
|                           | \$           |   |                |  |       |

<sup>\*</sup> The expense of pasture is the cost to maintain it.

**9. OTHER EXPENSES** – Veterinary expenses, transportation, bedding, equipment purchases, entry fees, etc.

| Date: | Describe Action Taken    | Cost |
|-------|--------------------------|------|
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       |                          |      |
|       | Total Other Expenses: \$ |      |

# 10. OTHER PROJECT INCOME SUMMARY

| PREMIUMS            |  |  |
|---------------------|--|--|
| Total Income (6B)   |  |  |
| Total Project Incom |  |  |

#### 11. Profit/Loss Summary

| a. Total Project Income (10)                        |  |
|---|--|
| b. Total Cost of Medication (6)                     |  |
| c. Total Purchase Costs (7A)                        |  |
| d. Total Feed Costs (8)                             |  |
| e. Total Other Expenses (9)                         |  |
| f. Grand Total Project Expenses $(b + c + d + e) =$ |  |
| g. Net Project Gain or Loss (a - f) =               |  |
| h. Value of Breeding Inventory (+ 4)                |  |
| i. Actual Project Value                             |  |