Elk County 4-H Bucket Calf Record

Year _____

Name _____ Age (Jan 1) _____ Yrs in Project _____

Club _____

Calf Eartag Number: _____ Date Acquired: _____ ____ Color of Calf: _____

Name of Calf: _____ Breed (if known): _____ Sex of Calf: Male or Female

Weight of calf at start of project: _____

Value of calf at start of project: _____

Weight of calf at fair: _____

Value of calf at end of project: _____

How old was your calf when it was purchased or put on the bottle, and when did you start it on the bottle?

Did your calf have any health problems? (If yes, explain what and how you treated the problem)

What did you learn through this project?

What are your plans for your calf after the fair?

Beginning Picture	Ending Picture

Story: Tell about your experiences in the project:

Member Signature

Leader or Parent Signature