Rolling Prairie District 4-H Bucket Calf Record

Year ________________

Name ______________________________________________   Age (Jan 1) ______   Yrs in Project ______

County _______________________________ 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?
Story: Tell about your experiences in the project:

Member Signature

Leader or Parent Signature

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

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