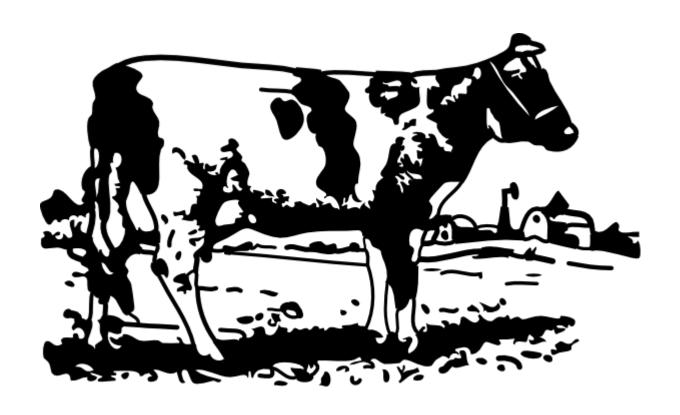
4-H Dairy Cow Record



Year:

Goals

and other parts of your life. Goals may be personal or specific to your project. Ask Yourself, what do I want to accomplish this year? Identifying goals and how you are going to reach those goals is important to help you become more skilled and knowledgeable about your project

Record Book guide for help on writing SMART goals Record one SMART goal (Specific, Measureable, Attainable, Realistic and Timely) with two "TO DO's" that will help you complete your goal. See

To Do Plan	Goal
1.) 2.)	

If your unsure what to do, who can you go to for help about your projects?

4-H Dairy Cow Record

Year in Dairy Project (circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Member Information:	Animal Inforn	nation:
	Registration	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Your Name (please print)		Reg #
	Identification	
Date of Birth	Number	Breed
	Barn	
Address	Name	
	Birth	Туре
Club	Date	Classification
88 88	Sire	Reg #
800	S Dam_	Reg #
	Attach photo have	
	Attach photo here.	
		4

HOW TO FILL IN THIS RECORD IF YOUR COW IS NOT ENROLLED IN A DHIA, OS, OR DHIR TESTING PROGRAM.

Start filling in Table 1 when your cow freshens. Weigh the milk that your cow gives at the morning and evening milking one day each month. This should be approximately the same day each month. Record this daily weight each month.

Calculate the amount of milk produced during the first 305 days by multiplying the monthly milk weights by the number of days the cow milked in each month. Do not include colostrum. If your cow milks longer than this, record the amount at the completion of her lactation. Calculate the butterfat produced by multiplying her milk production by the butterfat percent test of the herd.

Fill in Table 2 as soon as possible after your cow freshens.

Tables 3 and 4 should be kept up to date if maximum use is to made of them.

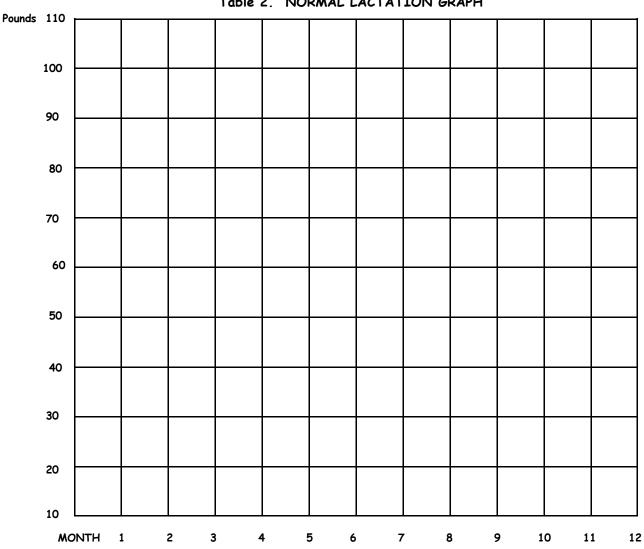
LIFETIME RECORD OF INDIVIDUAL COW

Cow's	Name				

Color code each lactation throughout record

	Table 1. RECORD OF MONTHLY MILK WEIGHTS																		
Lac. No.	DATE MONTH OF LACTATION c. FRESH Whenever were first to the first month (1)									Actual Lac		Lact	plete tation crage						
	Mo.	Day	Уr.	1	2	3	4	5	6	7	8	9	10	11	12	Milk	B.F.	Milk	B.F.
1																			
2																			
3																			
4																			
5																			
6																			
7																			

Table 2. NORMAL LACTATION GRAPH



Using your record of monthly milk weights and your color coded lactation color, plot the production of your cow each month. In the following space, list dates and cause for low production or a sudden drop in production.

	Table 3. CALVING RECORD										
Lac. No.	DATE OF CALVING		OF CALF'S NAME AND EARTAG NO.			CALF'S NAME AND EARTAG NO.	SEX OF CALF	SIRE OF CALF	RAISING/SOLD \$		
	Mo.	Day	Уr.								
1											
2											
3											
4											
5											
6											
7											

	Table 4. BREEDING RECORD Lac. DATE SIRE USED COST DATE SIRE U													
Lac.	DATE	SIRE USED	COST		SIRE USED	COST		SIRE USED	COST		SIRE USED	COST	TOTAL	REMARKS
No.	BRED			BRED			BRED			BRED			COST	
1														
2														
3														
4														
5														
6														
7														
TOTAL:									TAL:					

Table 5. HEALTH AND VETERINARY RECORD									
DATE	DISEASE, VACCINATIONS, OR TEST	TREATMENT	COST OR VALUE						
		TOTAL:							

Indicate Vear:	<u>Story:</u> This is your opportunity to tell us about your experiences with this cow. Story photos optional. Stories should include an entire years failures, successes and what you've learned during your experience from October to September. Add extra pages if necessary.

Goal Reflection

Goals help you to achieve more when you review them each year. At the END of the year, answer the following:

What helped you be successful?
Which "to Do" did you complete?
Did you meet your goal this year? Why or why not?

Project Completion

training, have been completed to the best of my knowledge. l declare that the information in this book is correct and all 4-H requirements, including Meat Quality Assurance

P _a	Ę.	⊴	ast Mea
Parent/ Guardian Signature	Leader Signature	Member Signature	Last Meat Quality Assurance training attended:
			Date
Date	Date	Date	Location
			(if applicable

NOTE: Include this as the very last page of your record book, after your story, pictures and any supplement pages