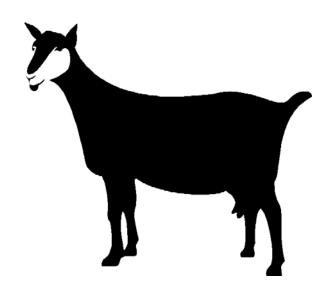
## Ingham County 4-H

## Meat Goat Record Book



Name	4-H Age
	(Age as of January 1sr of current year)
Club Name	
Goat Project Leader	

Identification	of Goat			
Birthdate of Goat _				
Γattoo or ID Tag N	umber			
Breed of Goat				
Weight of goat:	at birth (if known)	at May weigh-in		at July weigh-in
Start Date	To be completed at May	weigh-in		
At start date, goat's	s measurements are as follow	s:		
Height (from groun	nd to withers)			
Length (from point	of shoulder to pinbone)			
Heart Girth				
_	's measurements are as followed to withers)	ws:		
Length (from point	of shoulder to pinbone)			
Heart Girth				
Dates of Vacci	nations or Medications			
Clostridium C & D	Toxiod (CD&T)			
Selenium and/or Vi	itamin E			
Wormer	type	e		
Coccidia treatment		·	type	
Other				
Other				

## Feed Record

Describe the feeding program you used with your meat goat. Include approximate costs if possible.

## **Project Summary**

Describe what you have learned by raising a meat goat. How much time did you spend on your project? What did you learn at your 4-H meetings and/or other activities? Tell what you enjoyed about the project and/or what your biggest challenge was of raising a meat goat. If you kept other records on this project, please attach them to this record (weights, measurements, feed calculations, photos, etc).