

## Calhoun County Poultry Feed Record

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Project Goals - At the beginning of your project

Date \_\_\_\_\_

State at least three goals at the beginning of your project year. Describe the things you want to learn from your poultry project.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Summary of Accomplishments – At the end of your project

What goals have you accomplished? If you have not accomplished one or more, please explain. What have you learned from this experience? Tell of your experiences with your project this year.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### General Information

**Answer as many of the following questions as you can. If you need help, please ask your leader.**

What breed(s) are you raising? \_\_\_\_\_

List some of the breeds that are suitable for meat production in a small flock:

\_\_\_\_\_  
\_\_\_\_\_

What type of housing will you provide for chicks for the first few weeks?

\_\_\_\_\_  
\_\_\_\_\_

After the first few weeks, did you provide any different type of housing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you purchase your chicks? \_\_\_\_\_

How many chicks did you purchase? \_\_\_\_\_ What type of chicks are they?

\_\_\_\_\_

Why did you select this breed? \_\_\_\_\_

What kinda of feed do you feed your chicks?

\_\_\_\_\_  
\_\_\_\_\_

What percent of protein is your chick feed? \_\_\_\_\_

Is this a medicated or non-medicated feed? \_\_\_\_\_

How long will you feed chick starter? \_\_\_\_\_

How long will you feed chicken grower? \_\_\_\_\_

Will you feed any other types of feed?

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## **My Work**

Describe your daily work or weekly labor routine including feeding, cleaning and getting ready for fair. These are the jobs you do every day or week. Tell how you help and what your responsibilities are.

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Would you do a similar project another year? (Explain)

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**Please include photos of your poultry project**

# Expense Record

Date chicks arrived: \_\_\_\_\_ Number chicks started: \_\_\_\_\_ Breed: \_\_\_\_\_

	Type of Grain Fed **	Lbs. of grain fed for month	Cost of grain	Bedding and other non-grain expenses	Cost of non-grain expenses	Comments
<i>Sample</i>	<i>Starter</i>	<i>50#</i>	<i>12.47</i>	<i>Bedding Lamp</i>	<i>5.87 14.95</i>	<i>Bedding used in brooder, Needed new lamp</i>
Week 1						
Week 2						
Week 3						
Week 4						
Week 5						
Week 6						
Week 7						
Week 8						
Week 9						
Week 10						
Week 11						
Week 12						
Week 13						
Week 14						
Week 15						
Week 16						
Week 17						
Week 18						
Week 19						
Week 20						

**\*\* Type of grain fed – Indicate whether chick starter, grower, or list other type of feed used.**

Pounds of feed used per chicken raised: \_\_\_\_\_ (pounds of feed/chicks raised)

Cost of feed per bird raised: \_\_\_\_\_ (Total cost of feed/number of chicks raised)

## Chick Mortality Record

Number of chicks started: \_\_\_\_\_ End number of chicks: \_\_\_\_\_

**Mortality** (Number of chicks that died)

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
1									
2									
3									
4									
5									
6									
7									

8									
9									
10									
11									
12									
13									
14									
15									

16									
17									
18									
19									
20									

Total Mortality: \_\_\_\_\_

**Mortality Con't.**

% Mortality \_\_\_\_\_ (Number of chicks started/Total chicks that died)

Do you feel the mortality rate was acceptable or could it have been lower?

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What may have contributed to the mortality rate?

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