



# Gooding County Small Animal Record Book

(Complete one record book for each project)

Year \_\_\_\_\_

Project \_\_\_\_\_

(Members may use this record book with the following projects:  
Cat, Dog, Pet/Pygmy Goat, Family Flock, Other Small Pets, or  
Pet Rabbit)

Years in Project (including this year) \_\_\_\_\_

Age Level (check one)

\_\_\_\_\_ Junior (8-11)

\_\_\_\_\_ Intermediate (12-14)

\_\_\_\_\_ Senior (15-19)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of January 1st) \_\_\_\_\_

4-H Club \_\_\_\_\_

*I declare that the information in this book is correct and all 4-H requirements have been completed, to the best of my knowledge.*

Member's Signature \_\_\_\_\_

Leader's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

# Project Goals

Minimum number of project goals to be completed: Juniors—1, Intermediates—2, Seniors—3

As you complete the “To Do” items write the date of completion and have a parent or leader initial that you have completed that item.

**“How Did You Do?” Rating Scale:** Take a look at the goals you listed at the beginning of the year. How did you do? Using a scale from 5 to 1, rate how you feel you did on each goal. Also, give a short explanation of why you deserve the rating you gave your yourself.

Goal 1: _____	
List at least 3 “To Do” items to help you reach this goal:	
1. _____	
Date Completed _____	Parent or Leader Initial _____
2. _____	
Date Completed _____	Parent or Leader Initial _____
3. _____	
Date Completed _____	Parent or Leader Initial _____
Rating: <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 (Check one Number)	
_____	
_____	

Goal 2: _____	
List at least 3 “To Do” items to help you reach this goal:	
1. _____	
Date Completed _____	Parent or Leader Initial _____
2. _____	
Date Completed _____	Parent or Leader Initial _____
3. _____	
Date Completed _____	Parent or Leader Initial _____
Rating: <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 (Check one Number)	
_____	
_____	

Goal 3: \_\_\_\_\_

List at least 3 "To Do" items to help you reach this goal:

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

Rating:  5  4  3  2  1 (Check one Number)

Goal 4: \_\_\_\_\_

List at least 3 "To Do" items to help you reach this goal:

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

Rating:  5  4  3  2  1 (Check one Number)

Goal 5: \_\_\_\_\_

List at least 3 "To Do" items to help you reach this goal:

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

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

Date Completed \_\_\_\_\_ Parent or Leader Initial \_\_\_\_\_

Rating:  5  4  3  2  1 (Check one Number)

# My Presentation

Title: \_\_\_\_\_

What type of presentation did you do? (check one)

Demonstration

Illustrated Talk

Public Speech

Materials Used (posters, animals, models, etc.)

---

---

Where and when was it given? \_\_\_\_\_

How many were in the audience? \_\_\_\_\_

What was the content of the presentation?

---

---

---

---

---

---

## Project Equipment Inventory

List all project related equipment such as; leash, collar, dish, brush, clippers, animal carrier, cage, feeder.

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

9. \_\_\_\_\_

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

10. \_\_\_\_\_

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

11. \_\_\_\_\_

4. \_\_\_\_\_

12. \_\_\_\_\_

5. \_\_\_\_\_

13. \_\_\_\_\_

6. \_\_\_\_\_

14. \_\_\_\_\_

7. \_\_\_\_\_

15. \_\_\_\_\_

8. \_\_\_\_\_

16. \_\_\_\_\_





# Income Record

If applicable, list all animals, equipment, feed or other items sold during this project year.

Date	Description of Income/Sale	Feed	Animals	Equipment	Misc.
Ex 5/8/01	Example: Sold animal and cage		\$15.00	\$20.00	
	<b>Income</b> (by category)				
	<b>Total Income</b> (Add all categories)				

## Profit or Loss

Total Income \_\_\_\_\_

Minus Total Expenses \_\_\_\_\_

Equals Project Profit or (Loss) \_\_\_\_\_

# Permanent Individual Animal Health Record

Complete one of these forms for each Breeding and/or Non-Market Project Animal.

Animal's Name \_\_\_\_\_ Registration Number \_\_\_\_\_

Sex \_\_\_\_\_ Breed \_\_\_\_\_

Birthdate \_\_\_\_\_ Tattoo RE \_\_\_\_\_ LE \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Record all health management practices and/or treatments given to this project animal. It should include any vaccinations, treatment of diseases, de-worming, etc.

Do a weekly health check of your animal. Start the health record on May 1st, and end the health record July 31st.

Date (M/D/Y)	Health Check Put a check on each line as you check the health of your animal.	Treatment Given
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	

# Permanent Individual Animal Health Record (continued)

Date (M/D/Y)	Health Check Put a check on each line as you check the health of your animal.	Treatment Given
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	
	<input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Body/Coat <input type="checkbox"/> Legs/Hocks <input type="checkbox"/> Feet, Hooves, Paws <input type="checkbox"/> Clean Pen/Cage/Nest/Litter Box <input type="checkbox"/> Grooming <input type="checkbox"/> Exercise <input type="checkbox"/> Vaccine/Wormer <input type="checkbox"/> Clean Feed and Water Dishes	

# 4-H STORY

## Type of Story

Some counties allow members to write one story covering their entire year in 4-H. Other counties ask that you write a story about each individual project. Please check below which type of story your county allows. (Check with your local Extension Office to determine your county's requirement.)

Total Experience

Project Focused Experience

## Writing Your Story

As with any story, you should tell about things you did, experienced, or learned by participating in 4-H. Be sure to tell about important items not found in your other 4-H records.

You can use the following statements to help you outline your story:

- a. Introduce yourself. Include why you joined 4-H and/or chose the project(s) that you did.
- b. Tell about things you enjoyed learning or doing. (*Experience*)
- c. Tell about results, difficulties, or challenges you had. (*Share*)
- d. Explain how you would improve your project(s) or 4-H year. (*Process*)
- e. Tell what you learned about yourself through your 4-H participation. (*Generalize*)
- f. Explain how you could use the life and/or project skills you learned in other areas of your life. (*Apply*)

## Length and Format Guidelines

You can type or hand write your story. If you hand write the story, use pencil or ink on lined white notebook paper. If a typewriter or computer is used to write the story, use double line spacing on plain white paper. Write on one side of the paper. Leave a wide enough margin so the story can be read if inserted into a report cover.

Juniors (8- to 11-year-olds): 1 to 4 pages

Intermediates (12- to 14-year-olds): 1 to 6 pages

Seniors (15- to 18-year-olds): 1 to 8 pages

Attach 4-H story at the end of the 4-H Involvement Report or as the last part of the project record (depending on county guidelines).

**Additional County Requirements** (if any): Contact your County Extension Office for additional county requirements.