

# Market Rabbit Project Record Book



\*\*\*\*\*

Name:

Year: 20

4-H or FFA Club:

Current Age:

Birth Date:

Number of years in the Rabbit Project:

**This Record is due the day of the Livestock Banquet**

# Breeding Information

Rabbit #1:

Name:

Sex:

Left Ear Tattoo #:

Right Ear Tattoo #:

<u>Parent Information:</u>	
Doe's Name:	Buck's Name:
Doe's Tattoo #:	Buck's Tattoo #:
Doe's Breed:	Buck's Breed:

Date Breed	Date Kindled	Number Kindled	# of Bucks	# of Does

Pertinent Information to know about Rabbit #1:

Rabbit #2:

Name:

Sex:

Left Ear Tattoo #

Right Ear Tattoo #:

Parent Information:	
Doe's Name:	Buck's Name:
Doe's Tattoo #:	Buck's Tattoo #:
Doe's Breed:	Buck's Breed:

Date Breed	Date Kindled	Number Kindled	# of Bucks	# of Does

Pertinent Information to know about Rabbit #2:



# Inventory

## Expenses

Feed:	Amount Bought	Cost
Hay		
Pellets		
Other Feeds		
	Total Feed Expenses:	\$

Other Expenses:	Amount Bought	Cost
Bedding (straw or shavings)		
Equipment		
Supplies		
	Total of Other Expenses:	\$

**Grand Total of Expenses: \$**

## Income

Rabbit Sold Tattoo #:

Amount Sold for:

Premiums:

**Total Income: \$**

**Total Profit: \$**

## **Summary**

Use this page to write a summary of your project. Please answer the following questions; what did you learn? Did you have any problems with breeding, feeding, or any other issues? What would you do differently? What would you do the same?

**Market Animal Drug History Form**

**SPECIES:**      \_\_\_ Beef/Dairy Beef      Premises ID # \_\_\_\_\_  
                  \_\_\_ Sheep                      Ear Tag / ID # \_\_\_\_\_  
                  \_\_\_ Swine                              Pen # (swine) \_\_\_\_\_  
                  \_\_\_ Rabbit  
                  \_\_\_ Poultry

I hereby certify that this animal has not received, or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances, without following current withdrawal procedures.

***Products and Dates Administered to Animal:***

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

Exhibitor's Name (**printed**): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address, City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***THIS COMPLETED FORM MUST BE TURNED IN AT FINAL WEIGH-IN***

\*\*\*\*\*

**Market Animal Drug History Form**

**SPECIES:**      \_\_\_ Beef/Dairy Beef      Premises ID # \_\_\_\_\_  
                  \_\_\_ Sheep                      Ear Tag / ID # \_\_\_\_\_  
                  \_\_\_ Swine                              Pen # (swine) \_\_\_\_\_  
                  \_\_\_ Rabbit  
                  \_\_\_ Poultry

I hereby certify that this animal has not received, or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances, without following current withdrawal procedures.

***Products and Dates Administered to Animal:***

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

Exhibitor's Name (**printed**): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address, City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***THIS COMPLETED FORM MUST BE TURNED IN AT FINAL WEIGH-IN***