MONTGOMERY COUNTY FAIR ASSOCIATION

JUNIOR REPLACEMENT HEIFER
SHOW & SALE RECORD BOOK

*****NOTE - ALL RECORD BOOKS MUST BE COMPLETED IN FULL AND TURNED INTO THE FAIR OFFICE BY MONDAY, MARCH 9 & TUESDAY, MARCH 10, 2026, TO BE ELIGIBLE TO PARTICIPATE IN THE SALE. *NO LATE RECORD BOOKS WILL BE ACCEPTED*.**

IF THERE IS A BLANK SPACE IN YOUR RECORD BOOK, PLEASE PLACE N/A TO COMPLETE EACH FORM

(THIS PAGE IS WORTH FIVE (5) POINTS)

NAME_____

ADDRESS _____ **CITY/ZIP** _____

PHONE _____ **4-H CLUB/FFA CHAPTER** _____

NUMBER OF YEARS IN REPLACEMENT HEIFER PROJECT _____

INTRODUCTION:

1. **BREED OF HEIFER:** _____
2. **DATE OF BIRTH:** _____
3. **SIRE:** _____ **DAM:** _____
4. **BREED REGISTRATION NUMBER** _____
5. **BREEDER:** _____
6. **BRANDS:** _____

PROJECT CONFIRMATION:

PROJECT MEMBER: _____
SIGNATURE

PARENT: _____
SIGNATURE

4-H MANAGER/FFA TEACHER: _____
SIGNATURE

VETERINARY AND HEALTH EXPENSE

RECORD SHEET

(THIS PAGE IS WORTH FIVE (5) POINTS)

DATE	DESCRIPTION	PRODUCT	DOSAGE	COST	WITHDRAWAL

TOTAL:_____

(NO HEALTH EXPENSES INCURRED PRIOR TO TAG-IN DATE OF TUESDAY, OCTOBER 7, 2025, SHOULD BE INCLUDED.)

<u>This record</u> should include expenses related to vaccinations, deworming, dehorning, hoof trimming, veterinary calls, antibiotics, health papers, etc.

2

EXPENDABLE OR ONE TIME (NON-FEED)

EXPENSE SHEET

(THIS PAGE IS WORTH FIVE (5) POINTS)

DATE	DESCRIPTION	PRODUCT	QUANTITY	COST/ UNIT	TOTAL COST

TOTAL:_____

THIS RECORD SHOULD INCLUDE EXPENSES FOR ITEMS YOU WILL NOT HAVE AT THE END OF THE PROJECT. INCLUDES ENTRY FEES, BEDDING, MARKETING COST, AG-BARN RENTALS, AND EXPENDABLES.

FORAGE AND PASTURE

EXPENSE RECORD SHEET

(THIS PAGE IS WORTH FIVE (5) POINTS)

DATE	HAY UTILIZED	NUMBER OF BALES	WT/BALE	TOTAL WEIGHT	COST/ BALE	TOTAL COST

TOTAL POUNDS FED:_____ **TOTAL FORAGE COST:_____**

4

PROCESSED FEED A SUPPLEMENT

RECORD WORK SHEET

(THIS PAGE IS WORTH FIVE (5) POINTS)

DATE	PRODUCT	NUMBER PURCHASED	LBS/ BAG	COST/BAG	TOTAL WEIGHT	TOTAL COST

TOTAL POUNDS FED:_____ **TOTAL COST: $_____**

(This record should include feed, minerals, or supplement, etc.)

5

EDUCATIONAL PROGRAMS ATTENDED

(THIS SECTION IS WORTH TWENTY (20) POINTS)

DATE	PROGRAM	CLINIC	SHOW	SPONSOR	LOCATION

Including 4-H, FFA, BREED ASSOC. AND OTHER PROGRAMS

(4 CLINICS REQUIRED TO RECEIVE FULL CREDIT)

PROJECT WEIGHT RECORD

(THIS SECTION IS WORTH FIVE (5) POINTS)

DATE	WEIGHT	+ GAIN OR -LOSS	DATE	WEIGHT	+ GAIN OR -LOSS

FIVE WEIGH RECORDS REQUIRED TO RECEIVE FULL CREDIT. PLEASE INCLUDE TAG IN WEIGHT AND FINAL WEIGHT AS OF XX/XX/XXXX (LAST DAY OF RECORDING)

PROJECT STORY

RAISING A REPLACEMENT HEIFER –

(THIS SECTION IS WORTH TEN (10) POINTS)

Use additional pages if needed.

Photographs can be attached to additional pages to support your Project Story.

SUMMARY WORKSHEET (THIS SECTION IS WORTH THIRTY-FIVE (35) POINTS)

1	STARTING WEIGHT (OCTOBER 7, 2025)	
2	ENDING WEIGHT (MARCH 6, 2026)	
3	TOTAL POUNDS GAINED (LINE 2 - LINE 1 = LINE 3)	
4	NUMBER OF DAYS ON FEED	151
5	AVERAGE GAIN PER DAY (LINE 3 ÷ LINE 4 = LINE 5)	
6	INITIAL COST OF HEIFER	
7	INITIAL COST OF HEIFER PER POUND (LINE 6 ÷ LINE 1 = LINE 7)	
8	VETERINARY EXPENSE RECORD (PAGE 2)	
9	EXPENDABLE OR ONE TIME EXPENSE SHEET (PAGE 3)	
10	TOTAL FEED & FORAGE EXPENSE (PAGES 4 & 5)	
11	TOTAL EXPENSE OF PROJECT (LINE 6 + LINE 8 + LINE 9 + LINE 10 = LINE 11)	
12	TOTAL PRODUCTION EXPENSE (LINE 8 + LINE 10 = LINE 12)	
13	COST PER POUND OF GAIN (LINE 12 ÷ LINE 3 = LINE 13)	
14	PROJECT BREAK EVEN COST PER POUNDS (LINE 11 ÷ LINE 2 = LINE 14)	
15	ESTIMATED MARKET VALUE PER POUND (AS OF MARCH 6, 2026)	
16	ESTIMATED VALUE OF HEIFER (LINE 2 X LINE 15 = LINE 16)	
17	TOTAL POUNDS OF FEED & FORAGE FED (PAGE 4 & PAGE 5)	
18	FEED CONVERSION (LINE 17 ÷ LINE 3 = LINE 18)	

BREEDING RECORD

EXHIBITORS NAME _____

HEIFER NAME _____

BREEDING DATE _____

ARTIFICIALLY INSEMINATED _____

NATURAL SERVICE _____

BREED OF BULL _____

ESTIMATED CALVING DATE _____

**** IF YOU DO NOT BREED YOUR HEIFER, PLEASE SPECIFY N/A IN THE BLANK AREAS ****

*** RECORD BOOK COMPLETION/PRESENTATION WORTH FIVE (5) POINTS ***