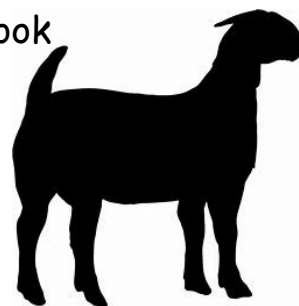




# Indian River County Youth Livestock and Horticulture Inc

Market Goat Accounting Book  
Show Year 2024-2025



Attach a Photo of Exhibitor AND Project

Exhibitor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Club Name/Independent Exhibitor Name: \_\_\_\_\_

Show Age (as of 09/01/2024): \_\_\_\_\_

Show Group: \_\_\_\_\_

Junior (8-10)

Intermediate (11-13)

Senior (14-18)

# of years in IRCYLH: \_\_\_\_\_

Ethics Number: \_\_\_\_\_



## Expository Narrative

In this section, you will write explaining the various aspects of your project. Remember to explain, in detail, the different areas of your project, i.e., feeding routine, medical/health, grooming, etc. You may use the outline provided in the manual to help you organize your thoughts. Remember, this is about your project. Judges will be judging the quality of your sentence structures, ability to organize your ideas into paragraphs that provide relevant details, spelling and grammar, and the overall appearance of the narrative. If needed, you may print additional *Expository Narrative Continued...* pages. If you are typing your narrative, please refer to the manual for detailed instructions.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## *Project Photos*

You must include at least 4 photos of your project but no more than 10 photos. Each photo that is included must have a date and a detailed caption. One of the photos must be a picture of your project's pen area. Your caption can include why you chose the specific size of the pen, the location of your pen, when was the pen built, who helped build the pen, etc. The remaining photos can be of your grooming/trimming care, feeding routine, health related care, etc. You may also reference some or all photos in your narrative HOWEVER it is not required! Your photos must be placed on the page(s) in chronological order, according to the caption. If necessary, you may print out additional *Project Photos*

*Continued... pages.*



## *Project Photos Continued...*



## *Project Photos Continued...*



## *Project Photos Continued...*





# Personal Exhibitor Goals

Provide 2 goals you would like to achieve while working with this project. Be as specific as possible when stating your goals. Were you able to accomplish these goals, why/why not? Because you will not be getting this book back after the fair, your goals must NOT be based on you winning Grand/Reserve Grand and/or on you placing for Showmanship.

Please see the manual for examples of possible goals you can set for yourself as an exhibitor.

## Goal #1

---

---

---

---

---

---

---

---

---

---

## Goal #2

---

---

---

---

---

---

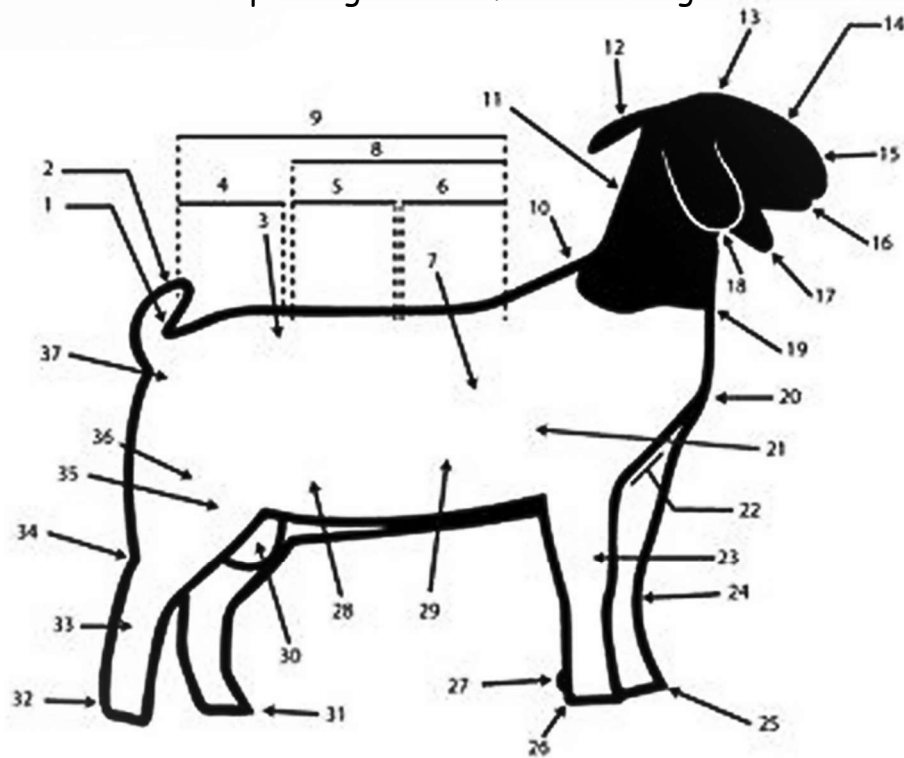
---

---



# Anatomy of a Boer Goat

Complete the table below by matching the correct name and the body part with its corresponding number from the diagram.



|  |             |  |             |  |                |
|--|-------------|--|-------------|--|----------------|
|  | Neck        |  | Tail        |  | Dew Claw       |
|  | Pin Bone    |  | Top Line    |  | Rump           |
|  | Knee        |  | Heel        |  | Cannon Bone    |
|  | Barrel      |  | Chest Floor |  | Brisket        |
|  | Withers     |  | Thigh       |  | Lower Jaw      |
|  | Hock        |  | Horn        |  | Rack           |
|  | Hip         |  | Loin        |  | Pastern        |
|  | Heart Girth |  | Flank       |  | Scrotum        |
|  | Tail Head   |  | Hoof        |  | Toe            |
|  | Ear         |  | Forearm     |  | Bridge of Nose |
|  | Forehead    |  | Stifle      |  | Beard          |
|  | Ribs        |  | Back        |  |                |
|  | Throat      |  | Poll        |  |                |



## Expense Record

This section will record any expenses that were incurred for the duration of this project. Expenses will include but are not limited to, purchase price for project, supplies that are needed for the current project, feeding/water buckets, building materials, grooming supplies, etc. Feed expense, health expense, and registration fee(s) will **NOT** be included in this section. If an additional page is needed, you may print another *Expense Record* page.

| <i>Date</i>                  | <i>Item/Expense</i> | <i>A. Cost</i> |
|------------------------------|---------------------|----------------|
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
|                              |                     |                |
| <i>A. Total Expense/Cost</i> |                     |                |



## Feed Record

In the table below, you will record all feed-related expenses, their weight, if applicable, and the cost of the feed for this project. You will include any feeding supplements, feed, hay, or anything your project ingested as part of your feeding program. You will NOT include any medications in this section.

[illegible]

Feed Record Continued...

[illegible]

B. Total weight (in lbs.) \_\_\_\_\_

C. Total Feed Cost: \_\_\_\_\_

D. Total Number of Days on Feed: \_\_\_\_\_

(start counting days from purchase date of project until March 7<sup>th</sup>, 2025)



## Health Record

In the table below, include the date given, medication given, the withdrawal time (if applicable), and cost of medicine.

| <i>Date</i>                 | <i>Medication</i> | <i>Dosage</i> | <i>Withdrawal Time</i> | <i>E. Cost</i> |
|-----------------------------|-------------------|---------------|------------------------|----------------|
|                             |                   |               |                        |                |
|                             |                   |               |                        |                |
|                             |                   |               |                        |                |
|                             |                   |               |                        |                |
|                             |                   |               |                        |                |
|                             |                   |               |                        |                |
|                             |                   |               |                        |                |
|                             |                   |               |                        |                |
| <b>E. Total Health Cost</b> |                   |               |                        |                |

## Weight Record

In the table below, include the date, weight, # of pounds gained/lost, # days since last weigh, and the average pounds per day. You must have at least 3 different days (do NOT include your final weigh-in at fair check-in, which is Friday, March 14<sup>th</sup>, 2025, as one of your weights) that you weighed your project, if applicable. Since you will not have this table with you, you may NOT use the final weigh-in at fair as one of your weights.

| <b>I. Date</b> | <b>II. Weight (in lbs.)</b> | <b>III. # of lbs. gained or lost</b> | <b>IV. # of days since last weight</b> | <b>V. Average daily weight gain<br/>(III divided by IV)</b> |
|----------------|-----------------------------|--------------------------------------|----------------------------------------|-------------------------------------------------------------|
|                |                             |                                      |                                        |                                                             |
|                |                             |                                      |                                        |                                                             |
|                |                             |                                      |                                        |                                                             |
|                |                             |                                      |                                        |                                                             |
|                |                             |                                      |                                        |                                                             |
|                |                             |                                      |                                        |                                                             |
|                |                             |                                      |                                        |                                                             |
|                |                             |                                      |                                        |                                                             |
|                |                             |                                      |                                        |                                                             |

F. Total amount of weight gained: \_\_\_\_\_

G. Total Number of days: \_\_\_\_\_



## Show Records

Any shows that you have registered for, **including but not limited to**, Indian River County Fire Fighters' Fair. You will record the registration fee and any premiums you may have earned at the show.

| <i>Date</i> | <i>Name of Show</i> | <i>H.<br/>Registration<br/>Fee</i> | <i>I.<br/>Premiums<br/>Earned</i> |
|-------------|---------------------|------------------------------------|-----------------------------------|
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             |                     |                                    |                                   |
|             | Totals              | H.                                 | I.                                |



# Project Financial Summary

## Weight Record:

1. Beginning Weight  
(weight at beginning of project) 1. \_\_\_\_\_
2. Final Weight  
(last weight entered on the table) 2. \_\_\_\_\_
3. Total Amount Gained (F) 3. \_\_\_\_\_
4. Total Number of Days on Feed (D) 4. \_\_\_\_\_
5. Average Daily Gain ( $F \div D$ ) 5. \_\_\_\_\_

## Expenses:

6. Expenses (A) 6. \_\_\_\_\_
7. Feed Expense (C) 7. \_\_\_\_\_
8. Health Expense (E) 8. \_\_\_\_\_
9. Registration Fee(s) (H) 9. \_\_\_\_\_
10. Total Expenses  
(add A, C, E, H expenses together) 10. \_\_\_\_\_

## Premiums Earned:

11. Premiums Earned (I)  
If showing multiples, include premiums for ALL 11. \_\_\_\_\_

**Project Breakeven:** The minimal amount needed to not incur a loss on the project.

12. Total Expenses (line 10) 12. \_\_\_\_\_
13. Total Premiums (line 11) 13. \_\_\_\_\_
14. Subtract (line 12 - line 13)  
This will be your final total expenses 14. \_\_\_\_\_
15. Divide (line 14  $\div$  line 2)  
Total Expenses by Last Recorded Weight 15. \_\_\_\_\_





## Ethical Statement and Acknowledgement

I \_\_\_\_\_, have completed my livestock or agriculture project using the moral codes I have developed and were trained on during my ethics training, in accordance with animal agriculture practices. I have been and continue to be responsible for the proper care of my livestock or agriculture project, the production of wholesome food (if applicable), and development of sound moral character in myself and others.

I hereby certify that any drug, antibiotic, or biological substance which may have been administered by myself or by any other person, was done so in strict compliance with the manufacturer's label requirements or as prescribed by a veterinarian and all withdrawal times for market animals were followed.

Signature of exhibitor:

---

Signature of parent or guardian:

---

In your neatest handwriting, please copy the following statement on the provided lines below.

**"I affirm that I have completed this record book, in my own handwriting (where applicable),  
on my own accord, with minimal assistance."**

---

---

---

---

If show a market animal or a horticultural project, you must include 3 copies of your buyer's letter. Each letter must be addressed to a different buyer. Failing to include your buyer's letters will result in an automatic 15-point deduction from your overall rubric score.

