



REPLACEMENT HEIFER PROJECT BOOK

*All Exhibitors must complete and
submit at Fair Weigh-in on Wednesday of Fair*



EXHIBITOR INFORMATION

NAME OF EXHIBITOR: _____
CLUB/CHAPTER: _____
EXHIBITOR AGE: _____
YEAR IN PROJECT: _____

REPLACEMENT HEIFER PROJECT GENERAL INFORMATION

BREEDER NAME: _____
NAME/NICKNAME OF HEIFER: _____
BREED(S) OF HEIFER: _____
IS THE HEIFER REGISTERED?: _____
(If yes, attach registration papers)
DATE OF HEIFER OWNERSHIP: _____
BRUCELLOSIS EAR TATTOO/TAG
NUMBER: _____
PROOF OF BVD-PI: _____
(Attach proof)
WHERE WAS HEIFER RAISED: _____

REPLACEMENT HEIFER PROJECT BREEDING INFORMATION

DATE HEIFER EXPOSED TO BULL OR
ARTIFICIAL INSEMINATION
(AI'd, Pasture Exposed): _____
BULL INFORMATION: _____
(Name/Registry # if applicable)
BREED(S) OF BULL: _____
IS THE BULL REGISTERED? _____
(If yes, attach proof, i.e., online printout)



ADDITIONAL BREEDING NOTES

A large, empty rectangular box with a black border, intended for handwritten breeding notes.



REPLACEMENT HEIFER PROJECT FEEDING INFORMATION

Provide information on how your project was fed. Include details regarding grazing (irrigated or rangeland), and number of grazing acres, types of hay fed, amount of hay fed, water source, and any other supplemental feeds fed.



REPLACEMENT HEIFER PROJECT PREGNANCY CHECK INFORMATION

| DATE | PREG CHECK RESULTS | WEIGHT |
|------|--------------------|--------|
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REPLACEMENT HEIFER PROJECT VISITS

List any project visits made by leader/advisor, veterinarian, and/or fair staff.

| DATE | VISITOR | REASON |
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REPLACEMENT HEIFER MEDICATION/TREATMENT/VETERINARY RECORDS

List all medications (including wormer), treatments, vaccinations, antibiotics administered, and/or veterinary record information for your project.

NAME OF VETERINARIAN: _____

| DATE | MEDICATION/TREATMENT | REASON FOR MEDICATION/TREATMENT/VISIT |
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REPLACEMENT HEIFER EXPENSE RECORDS

List all expenses for your project. Attach additional sheets if necessary

| DATE | DESCRIPTION | COST |
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**REPLACEMENT HEIFER EXPENSE RECORDS
(CONTINUED)**

| DATE | DESCRIPTION | COST |
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TOTAL HEIFER PROJECT EXPENSES: _____



REPLACEMENT HEIFER PROJECT DIARY

List pertinent information about your heifer project not otherwise listed in other categories. Provide date and brief description.



CLUB/CHAPTER PARTICIPATION INFORMATION

List club/chapter information. Include office(s) held, events worked, competition teams, etc.

OTHER PROJECT INFORMATION

List any other projects you may have (i.e., sheep, home arts, horticulture, etc.).

COMMUNITY SERVICE, HONORS/AWARDS, OTHER CLUB PARTICIPATION

List community service projects, honors/awards received, other club participation (choir, band, Key, Awanas, etc.).



ANY OTHER NOTES, INFORMATION, ETC.