Illinois Poultry Growing Record

Circle the unit in which you are enrolled: Poultry I  Poultry II  Poultry III

Date project started:_________________________ Date project ended:_________________________

Number of years in this project:________________________________________________________

I. Brooding Information

Breed:________________________________________ Variety:________________________________________

Date birds were bought:____________________ Where bought:________________________________________

Number of birds bought:____________________ Number of birds died:____________________

Percent death loss (divide birds died by number bought and multiply by 100): ________%

II. Equipment That You Own or Used

<table>
<thead>
<tr>
<th>Item</th>
<th>Value of equipment you own</th>
<th>Value of other equipment used</th>
<th>Item</th>
<th>Value of equipment you own</th>
<th>Value of other equipment used</th>
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</thead>
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TOTALS:                                                                                           TOTALS:

Grand Total: $________________________

III. Expenses Other Than Feed (cost of birds, fuel, litter, vaccination, etc.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Value</th>
<th>Date</th>
<th>Item</th>
<th>Value</th>
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TOTALS:                                                                                           TOTALS:

Grand Total: $________________________
### IV. Feed Record

(Include home-grown feeds at market value)

<table>
<thead>
<tr>
<th>Date</th>
<th>Kind of feed</th>
<th>Lb. of feed</th>
<th>Value</th>
<th>Date</th>
<th>Kind of feed</th>
<th>Lb. of feed</th>
<th>Value</th>
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**TOTALS:**

Total Value of Feed: $__________

### V. Income from Project

1. Value of birds sold and used at home

<table>
<thead>
<tr>
<th>A.) Date sold or used</th>
<th>B.) Kind</th>
<th>C.) Number</th>
<th>D.) Total Weight</th>
<th>E.) Price per pound</th>
<th>F.) Value</th>
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**TOTALS:**

XXX

2. Value of birds on hand at the end of project (number _____, total weight ____). $_____

3. TOTAL RECEIPTS (add column F and value on line 2). $_____

4. Total cost of birds. $_____

5. Total value of feed (from section IV). $_____

6. TOTAL EXPENSES (add lines 4 and 5). $_____

7. INCOME OVER FEED COST (subtract line 6 from line 3). $_____
VI. Efficiency of Production

1. Percent death loss (from line 4, section 1)………………………………………%  
2. Cost of fed per bird raised (divide total value of feed, from section IV,  
   by number of birds raised, obtained by adding column C and line 2 of  
   section V)…………………………………………………………………….  
3. Feed per pound of broiler turkeys and capons produced (add weight of  
   birds sold and used at home to the weight of birds on hand at the end of  
   project, given in section V. Divide this total weight into total amount  
   of feed fed, from section IV)……………………………………………….  

VII. Exhibit Record  
(Include 4-H project tour, if one is held)

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<thead>
<tr>
<th>Name of exhibit</th>
<th>Where shown</th>
<th>Placing</th>
<th>Premium</th>
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TOTAL:  

VIII. Quality of Project  
Include such things as grade, selling price, general health, freedom from disease, etc. Do not  
include show winnings  

__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  

Notes or Pictures
IX. Management Information
1. Were your birds kept separate from the farm flock? __________
2. Did your birds receive better care than the farm flock? __________
3. Did your birds do better than the farm flock? __________ How? __________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
4. Were your birds bothered by sickness or disease? ______________________
5. How was the trouble treated? ______________________________________
   ___________________________________________________________________
   ___________________________________________________________________
6. Was the treatment successful? ______________________________________
7. List the things you learned in this project: _____________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

X. Career Information
1. List all the career opportunities that are related to this project___________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
2. Which of these career opportunities did you find out more about?_________
   ___________________________________________________________________
   ___________________________________________________________________

Certification

The statements in this record are correct. ________________________________
Member’s Signature

I have inspected this record. ________________________________
Leader’s Signature