

Polk County Fair Quality Meats Program Feed Worksheet

Name: _____ Animal Ear Tag #: _____

Weight at Initial Weigh-In: _____

**Keep records of feeding and other expenses as they occur.
Hand in this sheet in with all paperwork before your animal is weighed in at the fair.**

I. FEEDING RECORD**

| Feed | Dec. | Jan. | Feb. | March | April | May | June | July | (A) Totals |
|--------------------------|------|------|------|-------|-------|-----|------|------|---------------|
| # Grain Mixture | | | | | | | | | |
| #Hay | | | | | | | | | |
| #Haylage | | | | | | | | | |
| # Corn Silage | | | | | | | | | |
| # Other Feeds | | | | | | | | | |
| Total Feed (Lbs.) | | | | | | | | | |

II. FEED COST**

| Feed | (B) Price/lb. | (C) Lbs.Fed (Column A. above) | (D) Feed Cost (B x C) |
|---------------|------------------|-------------------------------------|-----------------------------|
| Grain Mixture | \$ | | \$ |
| Hay | \$ | | \$ |
| Haylage | \$ | | \$ |
| Corn Silage | \$ | | \$ |
| Other Feeds | \$ | | \$ |

Total Lbs.
Feed Fed _____
(E)

Total
Cost \$ _____
(F)

(Continued on back side)

****Entire Section must be filled out by exhibitor prior to Fair Weigh-in**

III. TOTAL COST**

| | |
|---|----------------|
| Value of animal at first weigh-in | \$_____ |
| Total Feeding Expense (F) | \$_____ |
| Veterinarian Expense & Medical Supplies | \$_____ |
| All other costs (i.e., bedding, grooming Supplies) | \$_____ |
| TOTAL PROJECT EXPENSES | \$_____ |

****Entire Section must be filled out by exhibitor prior to Fair Weigh-in**