

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 with all paperwork 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 Paperwork turn 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 Paperwork turn in****