

# LANGLADE COUNTY

## SMALL ANIMAL PROJECT FOR \_\_\_\_\_

(rabbits, poultry, cats, caged birds, guinea pigs, other)

(use specific form for dogs)

Name \_\_\_\_\_

Years in project including this year \_\_\_\_\_

Type of animal \_\_\_\_\_

Number of animal(s) in project \_\_\_\_\_

Where did you obtain your project animal(s)? \_\_\_\_\_

Things I want to learn \_\_\_\_\_

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### Feeding:

What and how much do you normally feed your animals (give ration if appropriate) \_\_\_\_\_

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Approximate cost of one month's feed \$ \_\_\_\_\_

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### Housing:

Describe the type of housing for your animal(s) \_\_\_\_\_

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### Care:

Describe the normal daily care routine of you animal(s) \_\_\_\_\_

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**Health Care:**

Describe any vaccinations, tests, or disease/health problems for your animal(s) \_\_\_\_\_

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Approximate cost of health care \$ \_\_\_\_\_

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**Accomplishments:**

Describe the knowledge and skills you learned in this project \_\_\_\_\_

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**Ways You Received Help This Year Include (check all that apply):**

	<b>Describe or Explain</b>
<input type="checkbox"/> Attended project training offered in the county	_____
<input type="checkbox"/> Attended project training offered at district or state level	_____
<input type="checkbox"/> Guidance from a 4-H leader	_____
<input type="checkbox"/> Guidance from a parent	_____
<input type="checkbox"/> Reading and use of literature, books, audio visual resources	_____
<input type="checkbox"/> Guest presenters	_____
<input type="checkbox"/> Own knowledge	_____
<input type="checkbox"/> Help from friends/other youth	_____
<input type="checkbox"/> Other (describe) _____	_____

