

WOODBURY COUNTY BOTTLE GOAT PROJECT RECORD

Bring this completed form and a photograph of your goat to the check-in on Tuesday.

ATTACH
PHOTO
HERE

Name _____ Last Grade Completed or Age _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____ Phone _____

Name of goat _____ Breed of goat _____

Ear tag number _____ Goat date of birth (if known) _____ Date purchased or selected _____

Where did you get your goat? Did you purchase it, was the goat orphaned, etc?

What type of building or pen do you keep your goat in?

How old was your goat when you trained it to lead? How did you train it to lead?

What did you feed your goat for the first 6 weeks? How much?

What did you feed your goat after 6 weeks? How much?

What did you do to keep your goat healthy?

Did your goat have any health problems? If so, what were the health problems and how did you treat them?

What was the biggest challenge you had and what did you do to solve it?

What have you learned through this project?

What did you like the best about your project?

What do you plan to do with your goat after the fair?

Tell us anything else you would like us to know about your bottle goat project.