

WOODBURY COUNTY BOTTLE GOAT PROJECT RECORD

(3, 4, & 5 year olds)

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?

Draw a picture of the building or pen you keep your goat in?

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

Draw a picture of what you fed your goat when you first brought him/her home?

Draw a picture of what you feed your goat today?

Draw a picture of what you like the best about your project?

Tell us something special about your goat.