

# Kalamazoo County 4-H Youth Program Market Rabbit Kindling Report

NOTE: If Pen of 3 Market Rabbits is composed of rabbits kindled from more than one litter owned by exhibitor, a Market Rabbit Kindling Report must be completed for each litter involved.

Exhibitor Name \_\_\_\_\_ Club \_\_\_\_\_

Age (by January 1 of current year) \_\_\_\_\_ Fair I.D. Number \_\_\_\_\_

Number of years completed in rabbit project (including this year) \_\_\_\_\_

Buck Breed \_\_\_\_\_ Buck Age \_\_\_\_\_

Doe Breed \_\_\_\_\_ Doe Age \_\_\_\_\_

Breeding Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Kindling Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gestation period: \_\_\_\_\_ days

Reason(s) for mating choice: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physical condition of doe and buck prior to breeding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Progress of doe (condition during pregnancy): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Weather conditions during pregnancy (i.e. hot and dry, cool and wet, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Notes on observation of nest before and after kindling: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Temperature and weather conditions on kindling day: \_\_\_\_\_

\_\_\_\_\_

Time of birth: \_\_\_\_\_

Number of kits in litter: \_\_\_\_\_

Number of kits surviving: \_\_\_\_\_

Reason(s) for loss of kits (if any were lost): \_\_\_\_\_

\_\_\_\_\_

Progress of litter: \_\_\_\_\_

\_\_\_\_\_

Weaning date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Average weaning weight/kit: \_\_\_\_\_ lbs.

Litter feeding/watering schedule: \_\_\_\_\_

\_\_\_\_\_

Kinds of feedstuffs used: \_\_\_\_\_

\_\_\_\_\_

Health care of doe and litter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Size of rearing cage: \_\_\_\_\_ in. high x \_\_\_\_\_ in. wide x \_\_\_\_\_ in. deep

**Individual market rabbit information on pen of 3 market rabbits** exhibited at fair:

<b>Tattoo No.</b>	<b>Sex</b>	<b>Weight</b>
_____	___	_____ lbs.
_____	___	_____ lbs.
_____	___	_____ lbs.
<b>Total pen weight =</b>		_____ lbs.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Leader Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check-in Committee Member Initials: \_\_\_\_\_