



St. Joseph County, MI • 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.

Name _____ Club _____

Member's age as of January 1 of the current project year _____ Fair ID 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:

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

Member signature: _____

Date: ____ / ____ / ____

Leader signature: _____

Date: ____ / ____ / ____

Check-in Committee Member Initials: _____