**Mendocino County 4-H Youth Development Program**

**Level II Beef Proficiency**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To obtain Level I Beef Proficiency, complete 80% of the following items.***

Date Completed/

Project Leader Initials:

\_\_\_\_\_\_\_\_\_\_1. Identify different rations for fattening, growing, and maintenance of a

market animal.

\_\_\_\_\_\_\_\_\_\_2. Explain rate of gain and how to make calculations to determine rate of grain.

\_\_\_\_\_\_\_\_\_\_3. Explain three (3) difficulties in calving and give methods for prevention and treatments of each difficulty.

\_\_\_\_\_\_\_\_\_\_4. Research and identify current trends of steer conformation.

\_\_\_\_\_\_\_\_\_\_5. Identify the methods of artificial insemination of beef cattle and explain the advantages and disadvantages of each method.

\_\_\_\_\_\_\_\_\_\_6. Explain how preventive measures such as sanitation, balanced feeding, vaccinations, and parasite control can contribute to animal health.

\_\_\_\_\_\_\_\_\_\_7. Explain oral, injection, and topical methods of administering treatment.

\_\_\_\_\_\_\_\_\_\_8. Identify methods of treatment and/or prevention for calf scours and pneumonia.

\_\_\_\_\_\_\_\_\_\_9. Identify methods of treatment and/or prevention for grubs.

\_\_\_\_\_\_\_\_\_10. Demonstrate the ability to give an IM and subcutaneous injection.

\_\_\_\_\_\_\_\_\_11. Describe in detail surgical and non-surgical methods of castration.

\_\_\_\_\_\_\_\_\_12. Demonstrate the ability to correctly clip a beef animal for judging.

\_\_\_\_\_\_\_\_\_13. Participate in a community service or service learning activity related to the beef project.

\_\_\_\_\_\_\_\_\_14. Create a display to educate the public about some aspect of the beef project.

\_\_\_\_\_\_\_\_15. Participate in a judging contest.

**Completion of Level II Beef Proficiency**

The member has successfully completed 80 %( 12 of 15) of the above items.

Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Leader’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 2013