

Chicken-Feed Records

from www.lionsgrip.com/chickens.html

Source of feed

Date of purchase: _____
Store, mill or company where purchased: _____
Address: _____
Phone: _____
Website: _____
Email: _____
Contact person: _____

Type and ingredients of feed

Type of feed (Starter, Grower, Layer, Supplement): _____
Form of feed (Mash, Pellets, Mixed Grains): _____
My name or code for this type of feed: _____
Ingredients in this feed (or attach a label to this page):

Quantity and price of feed

Weight of feed purchased: _____
Volume (cups, quarts, gallons) of feed purchased: _____
Price of this batch of feed: _____
Feed remaining on hand before purchasing this feed

Type: _____	Volume: _____	Weight: _____
Type: _____	Volume: _____	Weight: _____
Type: _____	Volume: _____	Weight: _____

Chickens that this feed is for

Number of chickens that will consume this feed: _____
Breed(s): _____
Age of these chickens: _____
Quantity of eggs this flock produced in the last 7 days: _____
Number of hours per day that these chickens go free-range: _____
Where these chickens were purchased (store or company name): _____
Address of this store, company or person: _____
Contact person: _____
Date these chickens arrived at my location: _____
Notes: _____
