Chicken Keeping Journal

2020

Keeping Backyard Chicken

Logbook & Journal

2020

General Flock Record

Month	# Breeds	# Hens	# Roosters	Age range	Breeds

Egg Production

January		*July*	
February		*August*	
March		*September*	
April		*October*	
May		*November*	
June		*December*	

Hatching Records

Date	# eggs	# chicks	Breed	Notes

No.	Name	Breed	Purchase date	Lay date	Egg color	Notes

No.	Name	Breed	Purchase date	Lay date	Egg color	Notes

No.	Name	Breed	Purchase date	Lay date	Egg color	Notes

No.	Name	Breed	Purchase date	Lay date	Egg color	Notes

CHICKEN #1

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #2

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #3

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #4

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #5

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #6

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #7

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #8

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #9

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #10

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #11

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #12

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #13

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #14

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

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CHICKEN #15

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #16

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

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CHICKEN #17

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #18

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

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CHICKEN #19

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #20

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

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CHICKEN #21

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #22

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

CHICKEN #23

Chicken's Name: _____ ☐ Hen ☐ Rooster

Purpose: ☐ Egg-Layer ☐ Meat ☐ Pet ☐ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

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CHICKEN #24

Chicken's Name: _____ □ Hen □ Rooster

Purpose: □ Egg-Layer □ Meat □ Pet □ Other _____

Chicken's Breed: _____

Color / Identifying Marks: _____

_____

Date Acquired: _____ Approx. Age / Hatch Date: _____

Diet / Feed: _____

_____

Place Chicken's Photo Here

Health Record (Healthy or ill)

Date: _____ Condition / Illness: _____

Treatment (if needed): _____

_____

_____

Month by Month Records

January Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

January Notes

February Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
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26									
27									
28									
29									

Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

February Notes

March Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
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28									
29									
30									
31									

Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

March Notes

April Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
5									
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8									
9									
10									
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Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

April Notes

May Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
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8									
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30									
31									

Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

May Notes

June Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
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Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

June Notes

July Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
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30									
31									

Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

July Notes

August Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
5									
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31									

Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

August Notes

September Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
5									
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Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

September Notes

October Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
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31									

Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

October Notes

November Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
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Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

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Coop Maintenance

Date	Light Clean	Deep Clean	Notes

November Notes

December Eggs

Day	White	Tinted cream/ pink	Brown	Dark Brown	Blue	Green	Olive	Speckled	Total
1									
2									
3									
4									
5									
6									
7									
8									
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31									

Expenses

Date	Item	Units	Category	Cost
Total Expenses				

Notes: _____

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Income

Date	Item	Units	Category	Profit
Total Profit				

Notes: _____

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Health Issues

Chicken	Illness	Symptoms	Treatment

Health Notes: _____

_____

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_____

Coop Maintenance

Date	Light Clean	Deep Clean	Notes

December Notes

Additional Notes