INDIVIDUAL DOG RECORD

Name: _____________________  Date: _____________

Club: _________________________________

4-H Age Division (circle one): JR  INT  SR

Complete one Individual Dog Record for each project dog.
Attach signed Participation Form.

Identifying Photograph: This Individual Dog Record can be used to help identify your dog in the event of a natural disaster or theft.

Dog’s Name: _____________________  Dog’s Registered Name: ______________________________

Dog’s Breed or Type: _____________________  Variety: ______________________________

Dog’s Sex: □ Male  □ Neutered  □ Female  □ Spayed  Dog’s Date of Birth: _____________

AKC Registration Number: _____________________  AKC Litter Number: _____________________

PAL/ILP Number: _____________________  AKC Canine Partners Listing Number _____________________

Other Purebred Registration No.: _____________________  Other Purebred Breed: _____________________

Color and Description of Dog: ____________________________________________________________

__________________________________________________________

Owner: □ Self/Family  □ Other  __________________________ Name of dog’s owner

Bordetella Date: _____________  Influenza Date: _____________
Leptospirosis Date: _____________  Lyme Date: _____________
DHLLP Date: _____________  Rabies Date: _____________

County Tag # _____________  Expiration Date: _____________

Proof of rabies vaccine is required for participation in any class, event or clinic.  4-H dogs must have a county I.D. number.

Signatures:

□ □ □

4-H Member  Parent/Guardian  4-H Club Leader