BREVARD COUNTY 4-H

INDIVIDUAL DOG RECORD

Name: _____ **Date:** _____
4-H Member name

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

Vaccines

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:

SIGN HERE _____ SIGN HERE _____ SIGN HERE _____

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