



INFORMATION ABOUT YOUR DOG

(Please fill out one sheet per dog)

My dog's name is _____ Age ____ Sex ____ Spayed/Neutered _____

Breed _____ Purebred _____ Crossbred _____ Mix _____

Description of your dog _____

Is your dog registered in:

American Kennel Club _____

Other _____

Number of years this dog has been
in the 4-H dog project _____

Ownership of dog: Family _____

Other (name of owner) _____

Date of:

Rabies Immunization _____

Heartworm Check _____

DHL Parvo _____

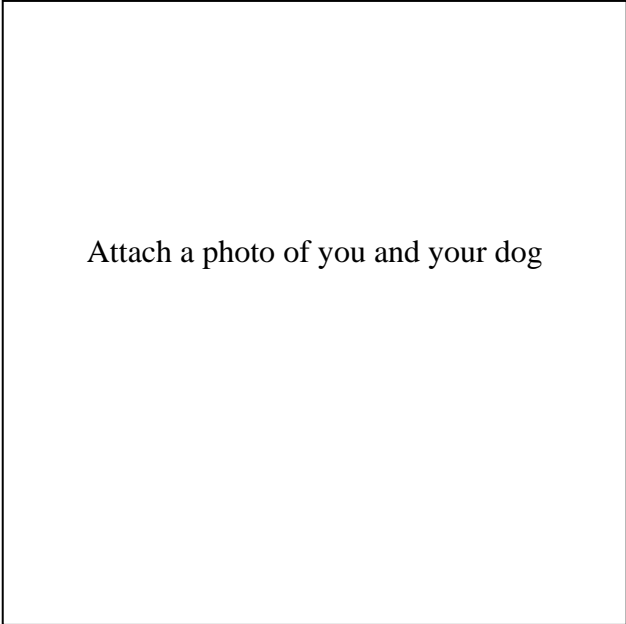
Worm/Fecal Check _____

Bordetella _____

Other _____ / _____

Obedience level at start of 4-H year: _____

at end of 4-H year _____



Record of Dog Training

Check commands that your dog obeys consistently.

Heel on Leash Heel off Leash Stand for

Examination

Sit on Recall Return Finish on Recall Exercise Long Sit (1 Min/3

Min)

Long Down (3 Min/5 Min) Drop on Recall Retrieve on Flat

Retrieve over High Jump Broad Jump Scent Discrimination

Directed Retrieve Signal Exercise Directed Jump

Tricks your dog has learned:

EXHIBIT RECORD

Name of Show	Date	Class	Number in Class	Placing
