

4-H DOG PROJECT REGISTRATION

20__

Member's name _____ Grade _____

Address: _____ 4-H Club _____

Monroe Co. Dog License # _____

Birthdate: Month _____ Day _____ Year _____ Phone: _____

Date ownership/mgmt of project animal began: _____ # years (including this year) in dog project _____

If management, who owns animal: _____ (Attach copy of management agreement)

Registered Unregistered **(circle one)** Registered Name of Animal: _____

Call Name: _____ Breed/type: _____

Birthdate: _____ Body color: _____

Male Whole Female Whole Male Neutered Female Spayed **(circle one)**

DOG HEALTH RECORD

Vaccinations/Tests	Date of Vaccination/Test
Rabies 1, 2, 3 yr. Vaccine (circle one) (REQUIRED) Rabies tag # _____	
DHLPPC (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Corona) (REQUIRED)	
Bordetella (Kennel cough) (RECOMMENDED)	
Heartworm Test ___ Negative ___ Positive ___ Not Tested ___ Test waived per vet (on preventative year around) ___ Dog is under 6 months old (no mosquito exposure) Dog was on heartworm preventative through last mosquito season ___	
Internal Parasites Negative _____ Positive (indicate parasite) _____ (OPTIONAL)	

Veterinarian Signature: _____ Date: _____
(or attach current vaccination certificate which includes vet's signature)

Parent Signature: _____ Date: _____

Handler Signature: _____ Date: _____

*Trainer Signature (if not 4-H): _____ Date: _____

By signing, trainer certifies dog and youth attended training classes.

This form must be submitted for each dog you intend to bring to training or show at the Monroe Co. Fair. Retain a copy for your records. BRING COMPLETED FORM WITH YOU TO FIRST TRAINING OR HAVE ON FILE WITH EXTENSION OFFICE if you are training with another trainer.

Form can be mailed to: Monroe Co. Extension Office, 206 South K Street, Sparta, WI 54656

Approved by: 4-H Dog Committee and UWEX Office