

# Carter County 4-H Dog ID

To participate in county or state 4-H dog activities, this form must be on file at the Extension Office by June 1<sup>st</sup>.

## 4-H Member Information

4-H MEMBER NAME: \_\_\_\_\_ 4-H YEAR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## 4-H Dog Information

DOG'S NAME: \_\_\_\_\_ BREED/TYPE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  NEUTERED MALE  FEMALE  SPAYED FEMALE

WHO WAS THE BREEDER OF YOUR DOG: \_\_\_\_\_

THIS DOG IS MY PROJECT DOG FOR:  OBEDIENCE  HERDING  SHOWMANSHIP  AGILITY

### Vaccination Record

You may choose to attach a current vaccination record.

	<b>RABIES</b> <i>(Every 2 Years)</i>	<b>DHLPP</b> <i>(Every Year)</i>
Date Given		
Date Expired		
Product		
Serial #		
Date Given		
Date Expired		
Product		
Serial #		
Date Given		
Date Expired		
Product		
Serial #		

### Dog Picture/Description

*List colors & markings*

### Agreement

I certify this dog is a 4-H project for this year and the above information is correct to the best of my knowledge. I also agree to follow both county and state guidelines pertaining to the dog project.

Members: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

YEAR	MEMBER	GAURDIAN

**Carter County Extension Office: P.O. Box 371; Ekalaka, MT 59324 // Phone: (406) 775-6305**

**OFFICE USE ONLY**

Date filed: \_\_\_\_\_



**MONTANA**  
STATE UNIVERSITY

**EXTENSION**

