AN00492_KLICKITAT COUNTY 4-H

Dog Project Record

**Information about your dog:**

My dog’s name is:

Age:  Birthday: Color:

Sex: Male Female Main Breed:  Purebred: YES NO

My dog is registered in the American Kennel Club: YES NO Crossbred: YES NO

Other:  YES NO Microchipped: YES NO Reg. #:  YES NO Level in Obedience:

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| --- | --- | --- |
|  | **Vaccination** | **Date Given**  YOU MAY ATTACH A PHOTO OF YOUR DOG  OR YOU AND YOUR DOG IN THIS SPACE |
|  | Distemper |  |
|  | Adenovirus 2 |  |
|  | Parainfluenza |  |
|  | Parvovirus |  |
|  | Leptospira |  |
|  | Coronavirus |  |
| Exp.Date: | Serial # |  |
| Adm. By: |  |  |
|  | Bordatella |  |
| Exp.Date: | Serial # |  |
| Adm. By: |  |  |
|  | Rabies |  |
| Exp.Date: | Serial # |  |
| Adm. By: |  |  |

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| **Record of Training Completed:** Date completed | | | | |  | |  |
| **Training** |  | | **Training** |  | **Training** | |  |
| Heel on the leash |  | | Sit up |  | High Jump | |  |
| Heel off the leash |  | | Catch |  | Broad Jump | |  |
| Come when called |  | | Fetch |  | Directed Jumping | |  |
| Sit |  | | Carry |  | Hand Signals | |  |
| Sit and stay |  | | Roll over |  | Scent Discrimination | |  |
| Lie down |  | | Jump |  | Moving Stand | |  |
| Down and stay |  | | Drop on recall |  | Take | |  |
| Come |  | | Hold |  | Go | |  |
| Halt |  | | Give |  | A-frame | |  |
| Figure 8 |  | | Retrieve on Flat |  | Dog Walk | |  |
| Stand |  | | Retrieve over Jump |  | See-Saw | |  |
| Stand for Exam |  | | Out of Sight Long Sit |  | Tunnel | |  |
| Stay |  | | Out of Sight Long Down |  | Chute | |  |
| Recall |  | | Bar Jump |  | Panel Jump | |  |
| Finish |  | | Directed Retrieve |  | Double Jump | |  |
| **Veterinary Records** | | | | | | | |
| **Date** | | **Service Performed** | | | | **Cost** | |
|  | | Parasite control | | | |  | |
|  | | Internal | | | |  | |
|  | | External | | | |  | |
|  | | Other | | | |  | |
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| **Equipment Needed for Project** | |
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**Exhibit Record**

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| --- | --- | --- | --- | --- |
| **Date** | **Name of Show** | **Class** | **Number in class** | **Placing** |
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**SUMMARY OF EXPENSES BY MONTH**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Months** | **Food** | **Equipment** | **Vet Services** | **List Other Items** | **Amount** | **Monthly Total** |
| October | $ | $ | $ |  | $ | $ |
| November | $ | $ | $ |  | $ | $ |
| December | $ | $ | $ |  | $ | $ |
| January | $ | $ | $ |  | $ | $ |
| February | $ | $ | $ |  | $ | $ |
| March | $ | $ | $ |  | $ | $ |
| April | $ | $ | $ |  | $ | $ |
| May | $ | $ | $ |  | $ | $ |
| June | $ | $ | $ |  | $ | $ |
| July | $ | $ | $ |  | $ | $ |
| August | $ | $ | $ |  | $ | $ |
| September | $ | $ | $ |  | $ | $ |
| Total Cost | $ | $ | $ |  | $ | $ |