**Fallon 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 1st.*

**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

*List colors & markings*

**Dog Picture/Description**

**Vaccination Record**

*You may choose to attach a current vaccination record.*

|  |  |  |
| --- | --- | --- |
|  | **RABIES** *(Every 2 Years)* | **DHLPP**  *(Every Year)* |
| Date Given |  |  |
| Date Expired |  |  |
| Product |  |  |
| Serial # |  |  |
| Date Given |  |  |
| Date Expired |  |  |
| Product |  |  |
| Serial # |  |  |
| Date Given |  |  |
| Date Expired |  |  |
| Product |  |  |
| Serial # |  |  |

**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.

|  |  |  |
| --- | --- | --- |
| **YEAR** | **MEMBER** | **GUARDIAN** |
|  |  |  |
|  |  |  |
|  |  |  |

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

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Fallon County Extension Office:** P.O. Box 850; Baker, MT 59313 // Phone: (406) 778-7110



**OFFICE USE ONLY**

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