4-H DOG RECORD

Name _____ Club ____ County _____

Years enrolled in this project_____

INVENTORY AT BEGINNING OF THE YEAR (Dogs, Supplies, and Equipment)

	DESCRIPTION	VALUE
Dog (Breed)		
Equipment/item		
Equipment/ item		

TOTAL VALUE_____

HEALTH RECORD

(Record the vaccines, treatment and care your dog has received. Include Rabies, Distemper, and Pneumonitis shots)

DATE	ITEM	DATE	ITEM

Comments from your Veterinarian:

Add this sheet to your 4-H Record Book.

EXPENSES

(Food, litter, veterinary services, equipment purchased, etc.)

DATE	ITEM	COST	DATE	ITEM	COST

Total _____

SHOW RECORD

DATE	SHOW	REMARKS	PLACING

If your dog is a female, list dates that she is in season:

Housing – Outdoors Only _____ Indoors Only _____ Both____

List some facts you learned in this project:





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