

Needs or will need rabies records: _____

Rabies expiration date: _____

Dane County 4-H Dog Project Dog Information Form

Complete one form for each dog you intend to check in.

Member(s) who will participate with this dog: _____

Dog Name: _____ Dog Breed: _____

Dog Age: _____ Dog Sex: _____ Altered: *Yes No*

Dog Size: *Small Medium Large*

Dog's Owner (Name and Phone): _____

Dog's Primary Veterinarian/Clinic: _____

Veterinarian Phone Number: _____

Describe any important health information for this dog, such as allergies, chronic pain, IBS, etc.

Has this dog ever snapped at or bitten a person or another animal? *Yes No*

How does this dog behave around other dogs?

How does this dog behave around unfamiliar people?

How does this dog behave around children?

How does this dog behave in new places?

Has this dog trained in our program before? *Yes No*

If so, how many years? _____

Which of our classes has this dog taken or competed in?

Pet Class 1 Pet Class 2 Advanced Tricks Pre-Novice Novice Graduate Novice

Showmanship Team Brace Agility

Which activities are you interested in?

Showmanship Pet Class 1 Pet Class 2 Advanced Tricks Rally Brace

Has this dog taken any other group classes or other formal training? *Yes No*

Are you interested in taking agility in the fall? *Yes No*

TO BE COMPLETED BY THE DANE COUNTY 4-H DOG PROJECT COMMITTEE

Showmanship: *Yes No*

Handler: _____

Rally Interest: *Yes No*

Handler: _____

Agility Interest: *Yes No* Current Participant: *Yes No*

Handler: _____

Pet Class & Tricks:

Pet Class 1 Pet Class 2 Advanced Tricks

Time of Training: *6:00 pm 7:30 pm*

Handler: _____

Obedience, Pet Class, Tricks:

Pet Class 1 Pet Class 2 Pre-Novice Novice Graduate Novice Pre-Open

Open Pre-Utility Utility

Time of Training: *6:00 pm 7:30 pm*

Handler: _____

Condition:

Behavior Check-in: *Yes No*

Notes:

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