

Kalamazoo County 4-H
Dog Project Registration Form

Members Name: _____ Birthdate: _____

Years in 4-H: _____ Years in the dog project: _____

Parent/Guardian Signature: _____

Community Club Name: _____

Dog Information

Breed of Dog: _____ Dog's name: _____

Color/ Markings _____

Dog's age _____ Male _____ Female _____

This form must be turned in to the dog project superintendent prior to May 1 with proof of vaccinations and included in your Dog Science Notebook.