



# My 4-H Dog Project

## Member Record Book 20\_\_-20\_\_

Member's Name \_\_\_\_\_

Age \_\_\_\_\_ Years in dog project \_\_\_\_\_

My dog project club \_\_\_\_\_

Number of meetings held \_\_\_\_\_ Number of meetings I attended \_\_\_\_\_

### About my Dog

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

Dog's Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Dog's age \_\_\_\_\_ Date of birth \_\_\_\_\_

### Vaccination Record and Dates (check box if received, followed by date)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Distemper _____   | <input type="checkbox"/> Leptospirosis _____ | <input type="checkbox"/> Hepatitis _____  |
| <input type="checkbox"/> Rabies _____      | <input type="checkbox"/> Parainfluenza _____ | <input type="checkbox"/> Parvovirus _____ |
| <input type="checkbox"/> Coronavirus _____ | <input type="checkbox"/> Bordatella _____    | <input type="checkbox"/> Other _____      |

For any other vaccinations, specify type and purpose \_\_\_\_\_

### Parasite Control Records and Dates

Heartworm Test Given \_\_\_\_\_ Positive or Negative? \_\_\_\_\_

Heartworm Preventative \_\_\_\_\_ How often given? \_\_\_\_\_

Fecal Examination date \_\_\_\_\_

Any Treatment for Internal Parasites? \_\_\_\_\_ Medication(s) \_\_\_\_\_

External Parasites Preventative or Treatment \_\_\_\_\_

## My Dog's Health Record

Date	Vaccines, medicine, surgery, etc.	Cost

## Feeding and Expense Record

I feed my dog \_\_\_\_\_. He/she is fed \_\_\_\_\_ cup(s) of food per day.  
(brand of dog food)

The monthly food bill for my dog is \_\_\_\_\_.

## My Dog's Other Expenses

Type of expense (license fees, boarding, grooming, toys, etc.)	Cost

Attach  
Photo of  
You and  
Your Dog  
Here!

## Training Record

Record your dog's progress each month on the various training commands. List any additional commands, tricks, or stunts your dog performs.

**S**-Superior

**VG**-Very Good

**G**-Good

**NI**-Needs Improvement

Month	Heel On Lead	Heel Off Lead	Come	Sit	Sit/ Stay	Down	Down/ Stay	Stand Stay			
January											
February											
March											
April											
May											
June											
July											
August											
September											
October											
November											
December											

## Classes I Have Attended With my Dog Outside of 4-H

Class Type	Date(s)
_____	_____
_____	_____

## Show/Activity Record

Record the type and number of activities you have participated in with your dog below.

- |                        |                                  |                     |
|------------------------|----------------------------------|---------------------|
| _____ Bench Show       | _____ State Show                 | _____ Demonstration |
| _____ Sanctioned Match | _____ Fun Match                  | _____ Herding Trial |
| _____ Obedience Trial  | _____ Club Match                 | _____ Field Trial   |
| _____ County Fair      | _____ Parade                     | _____ Earthdog Test |
| _____ Agility Trial    | _____ Nursing home/Therapy visit |                     |

