



Add this sheet to your regular 4-H Record Book. Fill out one sheet for each dog.

I. Dog's Profile

Name of Dog: _____

Breed: _____ Color: _____

Age: _____ Date Whelped: _____ Weight: _____

ID/Reg. #: _____ Level in Obedience: _____

II. Record of shots and medicines administered

Date	Item
	Distemper Vaccine
	Hepatitis Vaccine
	Leptospirosis Vaccine
	Parainfluenza Vaccine
	Coronavirus Vaccine
Expiration date:	Serial #:
Administered by:	
	Bordatella Vaccine
Expiration date:	Serial #:
Administered by:	
	Rabies Vaccine
Expiration date:	Serial #:
Administered by:	

YOU MAY ATTACH A PHOTO OF YOUR DOG
OR YOU AND YOUR DOG IN THIS SPACE

III. Training Record: Check those that you and your dog have learned

<input type="checkbox"/>	Sit	<input type="checkbox"/>	Heel Off Leash	<input type="checkbox"/>	Bar Jump
<input type="checkbox"/>	Heel on leash	<input type="checkbox"/>	Drop on Recall	<input type="checkbox"/>	Directed Retrieve
<input type="checkbox"/>	Halt	<input type="checkbox"/>	Take, Hold, Give	<input type="checkbox"/>	Directed Jumping
<input type="checkbox"/>	Figure 8	<input type="checkbox"/>	Retrieve on Flat	<input type="checkbox"/>	Go
<input type="checkbox"/>	Stand	<input type="checkbox"/>	Recall/Carry/Jump	<input type="checkbox"/>	Hand Signals
<input type="checkbox"/>	Stand for Exam	<input type="checkbox"/>	Retrieve Over Jump	<input type="checkbox"/>	Scent Discrimination
<input type="checkbox"/>	Stay	<input type="checkbox"/>	High Jump	<input type="checkbox"/>	Moving Stand
<input type="checkbox"/>	Recall	<input type="checkbox"/>	Broad Jump	<input type="checkbox"/>	
<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sight Long Sit	<input type="checkbox"/>	
<input type="checkbox"/>	Down	<input type="checkbox"/>	Out of Sight Down	<input type="checkbox"/>	
<input type="checkbox"/>	Long Sit	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Long Down	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

IV. Exhibit Record

Date	Show	Class	Placing	Remarks

V. Summary of Expenses by Quarter

Months	Food	Equipment	Vet Services	List Other Items	Amount	Quarterly Total
Oct.–Dec.	\$	\$	\$		\$	\$
Jan.–Mar.	\$	\$	\$		\$	\$
April–June	\$	\$	\$		\$	\$
July–Sept.	\$	\$	\$		\$	\$
Total Cost	\$	\$	\$		\$	\$*

*Note: when totaling the four numbers in the last column and bottom row, you should get the same number. Enter this year-end total here.

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