

CLARK COUNTY



4-H Dog Certificate



Club Name _____

Member's Name _____

Dog's Name _____

Address _____

Whelping Date _____

City _____ Zip _____

Breed _____

Telephone Number _____

Attach side view and face view photos here, for identification.

Certificates must have all signatures, pictures and a copy of the health certificate attached or they will not be accepted.

Signature of 4-H Member _____

Signature of Parent/Guardian _____

Signature of 4-H Leader _____

Signature of County Agent _____ Year _____

Signature of County Agent _____ Year _____

Signature of County Agent _____ Year _____

Signature of County Agent _____ Year _____

Signature of County Agent _____ Year _____

Signature of County Agent _____ Year _____

Signature of County Agent _____ Year _____

Signature of County Agent _____ Year _____