



# WASHINGTON COUNTY 4-H DOG PROJECT SHEET



Year \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Years in Project \_\_\_\_\_

Explain why you are taking this Project and what you hope to learn/accomplish this year (your goal): \_\_\_\_\_

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## INFORMATION ABOUT YOUR DOG

	Dog 1	Dog 2	Dog 3
Dog's Name			
Sex			
Dog's Birthday			
Breed	_____ <input type="checkbox"/> Purebred <input type="checkbox"/> Crossbred	_____ <input type="checkbox"/> Purebred <input type="checkbox"/> Crossbred	_____ <input type="checkbox"/> Purebred <input type="checkbox"/> Crossbred
Registration Number	_____ <input type="checkbox"/> American Kennel Club <input type="checkbox"/> United Kennel Club	_____ <input type="checkbox"/> American Kennel Club <input type="checkbox"/> United Kennel Club	_____ <input type="checkbox"/> American Kennel Club <input type="checkbox"/> United Kennel Club
Ownership of Dog	<input type="checkbox"/> Myself <input type="checkbox"/> Parents <input type="checkbox"/> Co-Owned with _____ <input type="checkbox"/> Borrow from _____	<input type="checkbox"/> Myself <input type="checkbox"/> Parents <input type="checkbox"/> Co-Owned with _____ <input type="checkbox"/> Borrow from _____	<input type="checkbox"/> Myself <input type="checkbox"/> Parents <input type="checkbox"/> Co-Owned with _____ <input type="checkbox"/> Borrow from _____

Veterinary Records			
	Dog 1	Dog 2	Dog 3
Date of Last Doctor Visit			
Date of Rabies Immunization			
Date of DHL/Parvo			
Date of Bordetella			
Date of Heartworm Check			

**LABOR RECORD**

Month	Hours Spent Training	Hours Spent Grooming	Hours Spent Exercising
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
July			
August			

**PROJECT MEETINGS**

Did you have a Club Project Leader?  Yes  No

Number of Club Project meetings held: \_\_\_\_\_

Number I attended: \_\_\_\_\_

Did you have a County Project Leader?  Yes  No

Number of County Project meetings held: \_\_\_\_\_

Number I attended: \_\_\_\_\_

Was the project self-guided? (Member worked independently without a project leader)  Yes  No

Are you a Youth Leader in this Project:  Yes  No

**FINANCIAL RECORD FOR ALL DOGS IN THE PROJECT**

Estimate value or cost of animals at start of Project ..... \_\_\_\_\_ (A)

Total project expenses of these animals  
(food, bedding, veterinary, equipment, show expenses, other) ..... \_\_\_\_\_ (B)

**Total Investment (A + B)** \_\_\_\_\_ (F)

If you raised puppies for sale, made money caring for other people's dogs, or received money.... \_\_\_\_\_ (C)

Total value of dog at end of Project..... \_\_\_\_\_ (D)

**Total Value (C + D)** \_\_\_\_\_ (E)

**Net Profit or (Loss) from Project (E – F)** \_\_\_\_\_

**RECORD OF TRAINING OF DOG**

What class of obedience did you and your dog train in?  Did you receive a qualify score at Fair?	Dog 1  _____  <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog 2  _____  <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog 3  _____  <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check commands that your dog obeys and tricks that it has learned (✓)

**Commands**

**Tricks**

- |   |  |                                     |                                      |
|---|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Heal on Leash  | <input type="checkbox"/> Heal off Leash      | <input type="checkbox"/> Sit Up     | <input type="checkbox"/> Jump        |
| <input type="checkbox"/> Recall         | <input type="checkbox"/> Drop on Recall      | <input type="checkbox"/> Play Catch | <input type="checkbox"/> Shake Hands |
| <input type="checkbox"/> Figure 8       | <input type="checkbox"/> Retrieving Dumbbell | <input type="checkbox"/> Carry      | <input type="checkbox"/> Play Dead   |
| <input type="checkbox"/> Stand for Exam | <input type="checkbox"/> Retrieve Over Jumps | <input type="checkbox"/> Fetch      | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Long Sit       |  | <input type="checkbox"/> Roll Over  |                                      |
| <input type="checkbox"/> Long Down      |  |                                     |                                      |

**PROJECT TALKS AND DEMONSTRATIONS YOU HAVE GIVEN**

<u>Date</u>	<u>Title</u>	<u>Where</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER ACTIVITIES AND EVENTS DONE IN THIS PROJECT**

(Tours, Workshops, etc.)

<u>Date</u>	<u>Type of Event</u>	<u>Where</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In what way did you exhibit your dog?	<input type="checkbox"/> Fun Match	<input type="checkbox"/> 4-H County Fair	<input type="checkbox"/> 4-H State Dog show
	<input type="checkbox"/> 4-H Fair Demonstration	<input type="checkbox"/> 4-H Demonstration	<input type="checkbox"/> Local Parades
	<input type="checkbox"/> AKC Jr. Showmanship	<input type="checkbox"/> AKC Obedience Trial	<input type="checkbox"/> AKC Confirmation
	<input type="checkbox"/> UKC Jr. Showmanship	<input type="checkbox"/> UKC Obedience Trial	<input type="checkbox"/> UKC Confirmation

**EXHIBIT RECORD**

**\*Must have exhibited at county fair to be eligible for County Award**

Name of Show	Date	Class	Number in Class	Placing

**NON-ANIMAL EXHIBITS**

<u>Item</u>	<u>Where</u>	Placing/Award

**4-H Dog Experiences: You must include the following:**

- ✓ Did you meet your goal? WHY OR WHY NOT?
  - ✓ What you've learned this year, including new skills
  - ✓ Problems or challenges that you had and how you solved them
  - ✓ Leadership and/or teaching responsibilities you have had in this Project.
- If additional space is needed, please add another sheet.

\*Add pictures and/or news articles specifically related to this project following this form to illustrate what you did in the project this year.