

OTSEGO COUNTY 4-H YOUTH DEVELOPMENT 4-H DOG IDENTIFICATION CERTIFICATE



Personally Owned

Date: , 20

	Family Owned	
Name of Animal:		
Animal's Date of Birth, (Month, Day, Year):	Sex: M or F Has dog been altered?	
Breed:		
Color:		
Is the dog registered? Y / N	Registration Number:	
License Number:	Date of last Rabies:	
If this dog is being leased, please write a brief descriptio	n of why the animal is being	
leased:		

Give a detailed description of dog's markings:

This animal has been officially designated as the 4-H project animal of the 4-H member listed below as of **June 1 of the current project year**. It is understood by the 4-H member, 4-H leader and dog owner that all formal obedience training and grooming must be done by the 4-H youth exclusively.

Owner:		4-H Member:	
Address:			
Signature: Date		Phone:	
		Signature:	Date:
4-H Leader:			
Address:			
		Address:	
Signature:	Date:	····	
		Signature:	Date:
Parent/Guardian:			
Address:			
Signature:	Date:	vaccination.**	