4-H Dog Pre Registration

Member Name	Grade
Address 4-H Club	
City State Zi	p
Phone Number Email Address	
Birth date (if 4-H member)/# of years work	ing with this dog
Date Ownership/Management of project animal began	# of years in dog project
If management, name of animal owner	
Dog's Name Breed/type	e
Birth date/Body color	
Male Female Neutered/Spayed _	
Vernon County Dog License Tag # (Required)	
Dog Health Records	
Shots/Tests	Date of Vaccinations/Tests
Rabies 1, 2, or 3 yr Vaccine (circle one) (Required)	
Rabies tag #	
DHLPPC (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo co (REOUIRED)	orona)
(REQUIRED) Heartworm Test Negative Positive Not Tested Test waived per vet (on preventative year around) Dog is under 6 months old (no mosquito exposure)	
Dog was on heartworm preventative through last mosquito season Internal Parasites	
Negative	
Positive (indicate parasite)	
Veterinarian Signature	Date
Veterinarian Signature(or attach current vaccination certificate which includes vet's signature	
Parent Signature	
Handler Signature	

This form must be submitted for every dog you plan to bring to training or show at the Vernon County Fair. Retain a copy for your records. All dog project members must submit this form prior to bringing your dog to a training session.

BRING COMPLETED FORM WITH YOU TO FIRST MEETING