



Wabaunsee County 4-H Dog Care & Training Record

Year _____

Name _____ Age (Jan 1) ____ Yrs in Project ____

County _____ Club _____

Dog's Name _____ Breed of Dog _____

Age of Dog _____ Sex _____ Color _____

Please check your level

Showmanship: Junior _____ Senior _____

Obedience: Pre-Novice _____ Novice (A or B) _____ Graduate Novice _____

Open (A or B) _____ Utility (A or B) _____

Project Goals:

Immunization Record

Attach photo of you and your dog.

Date	Item
	Distemper
	Hepatitis
	Leptospirosis
	Rabies
	Parainfluenza
	Parvo
	Other

Summary of Expenses by Quarter

Months	Feed	Equipment	Vet Services	Show Fees	Other Items
Oct - Dec					
Jan - March					
April - June					
July - Sept					
Total					

Exhibit Record

Date	Name of Show	Placing

Dog Story:

Member Signature

Leader or Parent Signature

Kansas State University Agricultural Experiment Station and Cooperative Extension Service



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