

4-H Dog Project Health Form

Youth's Name: _____ Grade: _____

Address: _____ City: _____

Phone: _____ Email: _____

4-H Club/Youth Organization: _____

Has your dog ever exhibited aggressive behavior toward people or other dogs?

_____ NO _____ YES (If Yes, please explain) _____

Has your dog received formal or informal bite or bite sport training?

_____ NO _____ YES (If Yes, please explain) _____

Medical Information: (To be completed by a veterinarian)

Dog's Name: _____ Breed: _____

Date of Birth: _____ Male OR Female Intact OR Neutered/Spayed

Vaccination Record - Mandatory Vaccinations (Please indicate NEXT DUE DATE):

Rabies: _____ 1yr or 3yr: _____ Tag#: _____

DHLPP (Distemper, Hepatitis, Leptospirosis, ParaInfluenza, and Parvovirus): _____

Kennel Cough: _____

Fecal Exam Test Date: _____ Negative or Positive (type) _____

**Not to be done before May 1st of current year. Proof of negative test is required prior to attending trainings/shows.*

A copy of vaccination records must be turned in with this form. Exceptions may be accepted in writing from a veterinarian for Leptospirosis, antibody tests (titers), or dogs unfit for vaccination.

Veterinarian's Signature

Date

Name and Location of Veterinary Practice

Date

