

LANGLADE COUNTY 4-H DOG PROJECT

Name _____

Year in Dog Project _____

**Attach a Photo of
You and Your Dog Here**

Information About Your Dog:

My Dog's Name is _____

Dog's Age _____ Breed _____

Sex _____ Date of Rabies Shot _____

Date of DHLPP Shot _____
(Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus)

Things I Want to Learn in the Dog Project _____

The Story of Your Project

Write a report of your experiences with your dog. Tell about your dog and how you cared for and trained it. Tell of any unusual experiences, difficulties, and pleasures you had in completing your project. Mention what class(es) you showed your dog in and what placing(s) you received.

Record of Training Your Dog

Check commands that your dog obeys and tricks it has learned. List any additional commands, tricks, or stunts.

Commands	On Leash	Off Leash
Heel		
Come When Called		
Sit		
Sit and Stay		
Lie Down		
Down and Stay		
Drop and Recall		
Retrieve Dumbbell		
Broad Jump		
High Jump		

Tricks	
Sit Up	
Play Catch	
Carry	
Fetch	
Roll Over	
Jump	
Don't Touch It	

Ways You Received Help This Year Include: (Check all that apply)

Describe or Explain

- Attended project training offered in county
- Attended project training offered at district or state level
- Guidance from a 4-H leader
- Guidance from a parent
- Reading and use of literature, books, audio visual resources
- Guest presenters
- Own knowledge
- Help from friends/other youth
- Other (describe)
