## 4-H DOG PROJECT I.D. FORM

(Must be filed in 4-H Office 60 days before Fair.)

MEMBER'S NAM	1E			
ADDRESS		PHONE		
CLUB				
DOG BREED	]	DOG'S NAME		
AGE	_ SEX	_ RABIES VACCIN	ATION DATE	
REGISTRATION	OR OTHER	R I.D. #		
DESCRIPTION _				
Either draw a pict	ure showing	markings or attach a	clear photo showii	ng your dog:
CLONIA TUDE OF	OHNER			
SIGNATURE OF	OWNER:			