

DOG PROJECT RECORD (one per dog)

20 _____

Number of Years in Dog Project: _____

What are your goals for this project?

A. _____

B. _____

Dog's Name: _____ Dog's Age: _____ Male _____ Female _____

Breed of Dog: _____ Purebred _____ Crossbred _____

Owner of the dog: _____

Immunization Record					
Type	Date Received	Booster Shot	Booster Shot	Booster Shot	Booster Shot
Rabies					
Distemper					
Parvo					
Lyme's					
Heartworm Exam					
Other _____					
Other _____					

Has your dog been neutered / spayed? _____ Yes _____ No

Type of dog food used: _____ Dry _____ Canned

Average amount fed per day: _____ Cups _____ Pounds

Average number of hours per week spent exercising your dog: _____ hours

Average number of hours per week spent grooming your dog: _____ hours

Average number of hours per week spent training your dog: _____ hours

Veterinary Record

Date	Type of Service (i.e., neutering, checkup, dental care, etc.)

Type of Materials/Supplies or Equipment Used (note item and cost if applicable):

Item: _____ Cost: _____

Item: _____ Cost: _____

Total Cost to you (if any): _____

As your dog learns to obey commands or do tricks, check off the items on the list and record the date.

List any additional commands or tricks.

Commands

Heel on leash _____
Recall _____
Sit _____
Sit and Stay _____
Down _____
Down and Stay _____
Stand for exam _____
Heel off leash _____
Drop on recall _____
Retrieve on flat _____
Broad jump _____
High jump _____
Retrieve over jump _____
Signal exercise _____
Scent discrimination _____

Tricks

Sit up _____
Play catch _____
Carry _____
Fetch _____
Roll over _____
Jump _____
Speak _____
Shake paw _____
Beg _____
Dance _____

Did you and your dog attend obedience training? ___ Yes ___ No

Level of training completed: ___ Pre-Novice ___ Open
 ___ Novice ___ Pre-Utility
 ___ Graduate Novice ___ Utility
 ___ Pre-Open

PROJECT MEETINGS

Number of project meetings held: ___ Number I attended: ___ County meetings I attended: ___

