



Iowa 4-H Youth Development Dog Identification Report

Return this completed form to your county Extension office by
May 15 or your county deadline.

Name of 4-H'er _____ County _____

Address _____
Street/RR _____ City _____ Zip+four _____

Phone (____) _____ - _____ Your birth date ____/____/____ Grade in school _____

Name of 4-H Club _____

I hereby certify that I have an active role in the care and training of the following animals as part of my 4-H dog project in accordance with the regulations on the reverse side of this report. I have read the regulations on the back of this report.

Be sure to read the back of this form before signing.

_____ I verify my child's statement

Signature of 4-H Member

Signature of Parent/Guardian

One (1) animal per line.

Dog's Name	Rabies Vaccination Number	Date of Rabies Vaccination	*Years of Training		Breed	Sex	Birth date, mo/day/yr
			Member	Dog			

* Include this year.

Return this completed form (4-H 106e) to your county Extension office by **May 15**. County rules may be more restrictive than state rules (e.g., earlier deadlines). Check with your county Extension office for your county deadline.