

Winneshiek County Dog Project Information Form

Exhibitor Name _____

Exhibitor Guardian(s)/Parent(s) Name(s) _____

Breed of Dog _____ Age of Dog _____ Call Name _____

Sex _____ Spayed or Neutered _____

Have you or your dog had any previous class training? If yes, how much training and where?

Do you or your dog have any hearing or physical handicaps that could affect training?

Yes or No (circle one)

Please describe:

What Kind of Dog food do you feed? Be specific.

