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.
__________________________________________________________________________
__________________________________________________________________________