



MARICOPA COUNTY 4-H DOG IDENTIFICATION CERTIFICATE
DOG IDENTIFICATION INFORMATION

Name of Animal: \_\_\_\_\_

Breed: \_\_\_\_\_ Registered: [ ] YES [ ] NO

If registered, give the registration number: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: [ ] YES [ ] NO

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (approx if not known)

Owner: \_\_\_\_\_ Relationship to owner: \_\_\_\_\_

Vaccines:

DHLP Date: \_\_\_\_\_ Parvo Date: \_\_\_\_\_ Rabies Date: \_\_\_\_\_ Rabies tag # \_\_\_\_\_
Exp. Date \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I certify that this is my project this year and that the information on the Dog Identification Certificate is correct to the best of my knowledge.

Signature of 4-H Member \_\_\_\_\_ Date \_\_\_\_\_

Member's Name (please print) \_\_\_\_\_ Member's Birthdate \_\_\_\_\_

Member's street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate phone number \_\_\_\_\_ Email address \_\_\_\_\_

Signature of Leader \_\_\_\_\_

Leader's phone number \_\_\_\_\_

Name of 4-H club \_\_\_\_\_

Date received by the 4-H Dog Project Coordinator \_\_\_\_\_

Note: One form for each dog used as a 4-H project animal.

Send completed form to:

Maricopa County
4-H Office
4341 E. Broadway
Phoenix, AZ 85040

