

Arizona 4-H Dog Project Record

Note: Complete one record for each project. Your 4-H Records may be hand written in pen or pencil, type written or computer generated.

Year _____

Project _____

Years in Project (including this year) _____

Name: _____

County: _____

Date of Birth (MM/DD/YY) _____

Age (prior to January 1st) _____

4-H Club: _____

I declare that the information in this record is correct and all 4-H requirements have been completed, to the best of my knowledge.

Member's signature _____

Parent's signature _____

Leader's signature _____

Leader's comments _____



Project Animal Information

Dog's Name: _____

Sex: _____

Breed: _____

Spayed or neutered? _____

If not why not? _____

Dog's Age: _____

Birth date (if known): _____

Weight: _____

Height at shoulders: _____

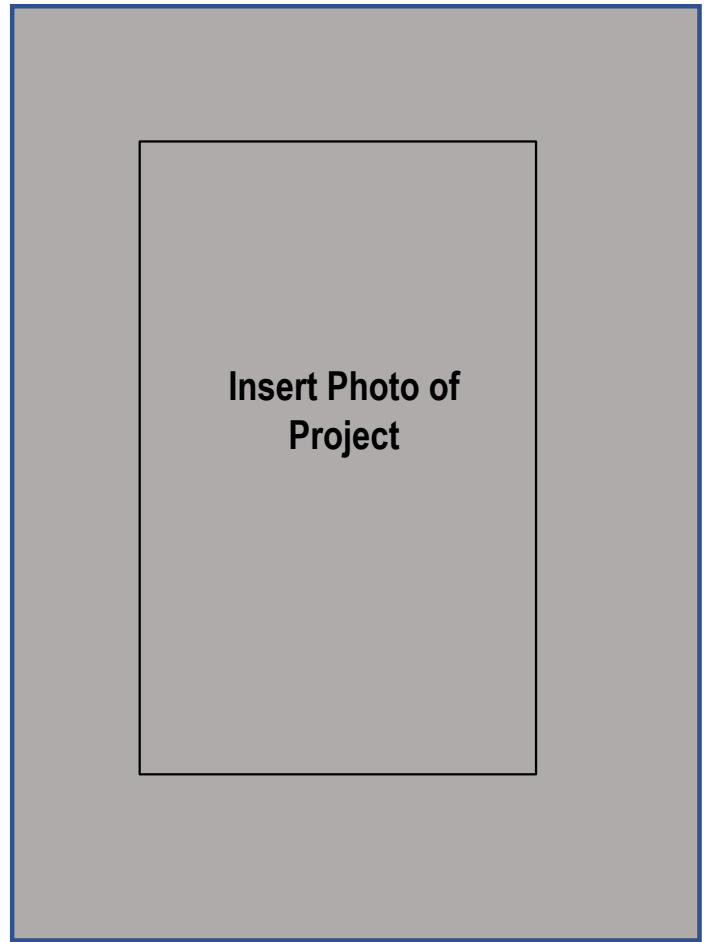
Color or markings: _____

Immunizations: _____

DHPP: _____ Rabies: _____

Is your dog registered with AKC, UKC, or other group? _____

If yes, name the group and provide your dog's registration number:



Project Training Record

Dog's Name: _____

The following is a list of skills for each level of training.

Skill	Date Training Began	Date Performing
<i>Pre-Novice</i>		
Heel on Leash		
Figure 8		
Stand for examinationn		
Recall and Finish		
Long Sit (1 minute)		
Long Down (3 minutes)		
<i>Novice</i>		
Heel Free		
Off Lead Recall		
Long sit (1 minute) off lead		
Long down (3 minutes) off lead		
<i>Pre Graduate Novice</i>		
Figure 8 (off lead)		
Drop on Recall		
Long Sit (3 minutes) off lead, out of sight		

Long Down (5 minutes) off lead, out of sight

Graduate Novice

Date Training Began

Date Performing

Moving Stand and Exam

Moving Drop on recall

Dumbbell Recall

Recall over Broad Jump

Other

Medical Records

(List vet visits, shots, and any other medical history.)

Date	Description
10/18/18	<i>Example: Visited Dr. Wong to get Mags Spayed</i>

Project Goals

At the beginning of your 4-H project, list goals—what do you want to make, learn, or do in this 4-H project?

What steps are needed to reach your goals?

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Project Accomplishments

To be completed as goals are completed.

Did you accomplish your goals? Why or why not? (include skills learned)

Recognition received in this project

Will you take this project next year? Why?

If you answered "Yes," What would you like to learn next year?

Thinking back on your year in this 4-H project...

At the end of your 4-H year, use this form to see what you might learned along the way. For example, as a result of your work in this project this year, did you learn how to use your time better? If so, you would indicate this in answer to question #3 below.

Follow the instructions below to complete this section.

Think back on your past year in this 4-H project. Below are listed some skills that you may have developed as a result of your 4-H involvement. Over in the columns to the right, rate yourself on these skills at the beginning of the 4-H year, and then now at the end of the year.

Back . . . at the beginning of the 4-H year when I first enrolled in this 4-H project

Now . . . after I have participated in this 4-H project for the year

CIRCLE ONE NUMBER FOR EACH STATEMENT

CIRCLE ONE NUMBER FOR EACH STATEMENT

No Sometimes Usually Yes

No Sometimes Usually Yes

1. Think about what might happen because of my choices.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
2. Plan how to use my financial resources.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
3. Use my time wisely.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
4. Treat people who are different from me with respect.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
5. Organize a group to meet its goal.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
6. Contribute as a member of a team.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
7. Accept responsibility for doing a job.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
8. Choose activities that promote physical health.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
9. Avoid risky behaviors.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
10. Understand it is important to follow through on commitments I have made.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



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