Ionia County 4-H Dog Declaration Form

In order to exhibit at the Ionia Free Fair 4-H Dog Show, this form must be returned to either the Ionia MSU Extension office or the Dog Superintendent no later than **June 1**st.

Member’s Name: _______________________________ 4-H Dog Club: ______________________

Date of Birth: ___/___/____  Phone: ________________________  4-H Age: ______________

Number of calendar years in 4-H including this year: _________ Number of years in the dog project: ______

Have you shown before? ______ If yes, what class? ___________________________________________

**INFORMATION ABOUT YOUR DOG**

(If you show more than one, please fill out a separate sheet for each dog being registered)

Dog’s Name: ___________________________________ Gender: ______________________

Breed(s) _______________________________ Dog’s Age: ______________________

Description: ___________________________________________________________________________________

Dog’s Birthdate: if known ___/___/____

Month/day/year

Classes in which you will show this dog: __________________________________________________________

**Vaccination Record and Dates:**

*(Photocopies of Veterinary Records MUST be attached. INCOMPLETE forms will not be accepted!)*

This information is needed only if you administer your own vaccinations:

Manufacturer: __________________________________________ Serial # ______________________

Manufacturer: __________________________________________ Serial # ______________________

Manufacturer: __________________________________________ Serial # ______________________

Parasite Control Record and Dates (Specify species and veterinary treatment, if any).

Internal: __________________________________________ Date: ______________

External: __________________________________________ Date: ______________

4-H Member Signature: __________________________________________________________

Parent/Guardian Signature: _________________________________________________________

4-H Leader Signature: ____________________________________________________________