

Last Name First Name(s) and Age(s) Club Name County

**Otoe County 4-H Dog (one dog per ID sheet) (Rev 11/17)**

I (we) hereby certify the following described animals are owned and are being fed and cared for by me (us) as a part of my (our) 4-H Dog Project. I (we) understand that the animals which I (we) exhibit at 4-H shows during the project year shall be among those listed and described in this certificate. Violation of exhibit rules can lead to exclusion from participation in 4-H shows.

Breed of Dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Female or Male (circle one)

Age of Animal (date of birth if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed or Neutered (circle one)

**Must attach a photo of the dog**

Signature of Member(s) Signature of Parent This (these) youth has (have) submitted this dog ownership

(At least one of those listed at the top of this form must sign) affidavit in accordance with all rules of the state and county

 4-H Program.

 Date Submitted: \_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Extension Staff