MARYLAND 4-H CLUB
DOG IDENTIFICATION
CARD

Member Identification

Name ____________________________________________ Birthdate ________________________________

Address __________________________________________________________________________________________________

Club ___________________________________________ Phone __________________________________________

Project Identification

Name of Dog ________________________________________ Birthdate ________________________________

Breed __________________________________________ Sex _________ Rabies Expiration Date ________________

Rabies Vaccination Number ____________________________________________________________________________

Year(s) that this dog is a project animal 20______
20______
20______
20______
20______

Owned ____________________________ Leased* ____________________________ (check one) *Signed agreement on file

Club Member __________________________________________ Club Leader ______________________________________
Signature

Parent ___________________________________________________________ File with the Extension Educator one card for each
dog prior to June 1 of the current year.
Signature

University of Maryland Extension programs are open to all citizens without regard to race, color, gender, disability, religion, age, sexual orientation, marital or parental status, or national origin.