

Maryland 4-H Dog Identification Card

UNIVERSITY OF
MARYLAND
EXTENSION



4-H Office Use Only

Date Received:

Member Information

Name _____ Club _____
Address _____ County _____
Phone _____ Email _____ Birthdate ___/___/_____

Project Identification

Name of Dog _____

Breed _____ Sex _____ Birthdate ___/___/_____

Rabies Vaccination Expiration Date ___/___/_____ Rabies Vaccination Number _____

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

20 _____

20 _____

20 _____

20 _____

(Check one) Owned Leased (signed agreement on file)

4-H Member _____

Signature

4-H Club Leader _____

Signature

Parent _____

Signature

File one card for each dog with local Extension

Office prior to June 1st of the current year.