

DOG PROJECT – This page to be included with Project Page.

INFORMATION ABOUT YOUR DOG

My dog's name is:					
Breed or breed mix:					
<input type="checkbox"/>	Male	<input type="checkbox"/>	Purebred	Age of Dog:	
<input type="checkbox"/>	Female	<input type="checkbox"/>	Cross bred	Date of Birth:	
Dog is owned by:		<input type="checkbox"/>	Me	<input type="checkbox"/>	My Parents

CURRENT IMMUNIZATION AND VETERINARY SERVICE RECORDS

Type of Immunization/Service	Date of Shot/Service	Cost
Rabies		
Distemper		
Leptospirosis		
Parvo		
Other (please list)		
Total		

RECORD OF TRAINING

Level of training completed:					
<input type="checkbox"/>	Pre-novice	<input type="checkbox"/>	Novice	<input type="checkbox"/>	Graduate Novice

Check the commands that your dog obeys:

<input type="checkbox"/>	Heel on leash	<input type="checkbox"/>	Long sit (1 min)
<input type="checkbox"/>	Figure 8 on leash	<input type="checkbox"/>	Long down (3 min)
<input type="checkbox"/>	Heel off leash	<input type="checkbox"/>	Long sit handler out of sight (3 min)
<input type="checkbox"/>	Figure 8 off leash	<input type="checkbox"/>	Long down handler out of sight (5 min)
<input type="checkbox"/>	Stand for examination	<input type="checkbox"/>	Retrieve on flat
<input type="checkbox"/>	Recall	<input type="checkbox"/>	Retrieve over high jump
<input type="checkbox"/>	Recall and finish	<input type="checkbox"/>	Broad jump
<input type="checkbox"/>	Drop on recall	<input type="checkbox"/>	

LABOR RECORD

Hours spent	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Training												
Grooming												
Exercising												
Total Hours												