



# Lincoln County 4-H Project Record



## Dogs Project

Name:	
Years in Project:	Years in 4-H:

### Planning:

Explain what you would like to do and learn while completing this project. Be sure to tell why you choose to work on this project this year.

**Ways You Received Help This Year Include:** (check all that apply)

<input type="checkbox"/>	Attended project training offered in the county
<input type="checkbox"/>	Attended project training offered at District or State Level
<input type="checkbox"/>	Guidance from 4-H Leader
<input type="checkbox"/>	Guidance from Parent
<input type="checkbox"/>	Reading and use of literature, books, audio visual resources
<input type="checkbox"/>	Guest presenters
<input type="checkbox"/>	Own knowledge
<input type="checkbox"/>	Help from friends/other youth
<input type="checkbox"/>	Other (describe)

## Sharing

How did you share what you learned with others? (Demonstrations, community service, talking to local clubs, helping other youth, Project Discovery Day, district shows, State Fair, Clothing Revue, etc.) **Do not** include Lincoln County Fair.

Date	Activity	Location

## Lincoln County Fair Exhibit Record for This Project

What was exhibited	Placing

**Dog Information** (The next two pages are required for each animal in your project. Copy as needed)

Name:			
Age:			
Sex: <input type="checkbox"/> Male	Breed: <input type="checkbox"/> Purebred	Name of Breed or Breed Mix:	
<input type="checkbox"/> Female	<input type="checkbox"/> Crossbred		
Dog is Owned by:			

**Current Immunization and Veterinary Service Records**

Date	Type of Immunization / Service	Cost
	Rabies	
	Distemper	
	Leptospirosis	
	Parvo	

**Record of Training**

Check Level of Training Completed
<input type="checkbox"/> Pre-novice <input type="checkbox"/> Novice <input type="checkbox"/> Graduate Novice

Check the commands that you 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"/>



## Financial Statement

**Summarize**, totaling all expenses for each project/outing. List any new tools, equipment, materials or supplies, travel costs, any related fees (exhibit or entry fees), etc.

Date	Description of Expense	Total
	Total Feed Expense	\$
	Total Veterinary Expenses (Including Immunizations)	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Project Expenses</b>		\$

## Summary of Finances

Total Project Expenses	\$	
Fair Premiums (if any)	— \$	
Total Project Cost	\$	

