



## DUTCHESS COUNTY 4-H

### CANINE PROGRAM

### **PROJECT OBJECTIVES:**

The purpose of the project is to help 4-H Club members to:

1. Gain knowledge of proper canine care.
2. Gain knowledge of proper and humane canine treatment techniques.
3. Develop nurturing relationships between members that foster learning, respect, and collaborative spirit among peers.
4. Develop life skills that help prepare members for productive roles in their communities.

### **REQUIREMENTS:**

1. Be an Independent Member or a member of a 4-H club and attend meetings regularly.
2. Follow the leadership of the project leaders and Extension Staff.
3. Conduct a canine project.
4. Complete a County Level Public Presentation, participate in the Paper Clover Project, and keep an accurate and up to date record book for each area of participation.



## ABOUT THE PROJECT DOG

Project Dog's Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ Sex\_\_\_\_\_ Neutered Yes\_\_\_\_ No\_\_\_\_

Breed or Type\_\_\_\_\_

Weight\_\_\_\_\_ Height\_\_\_\_\_ Color Description\_\_\_\_\_

Breed Registries and numbers

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*Describe your dog's personality*

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*Your dog's biggest strengths* (quick learner, easy going, etc.)

1.)\_\_\_\_\_

2.)\_\_\_\_\_

3.)\_\_\_\_\_

*Your dog's most challenging weaknesses* (shy in new environments, stubborn, etc.)

1.)\_\_\_\_\_

2.)\_\_\_\_\_

3.)\_\_\_\_\_



## HEALTH RECORDS

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vaccines given	Date given	Date expires
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual check-up date \_\_\_\_\_

Dog health issues discussed at visit

\_\_\_\_\_

Cost \_\_\_\_\_

Heartworm test date \_\_\_\_\_ Result: positive / negative (circle one)

Heartworm preventative used \_\_\_\_\_ cost \_\_\_\_\_

Dates preventative given \_\_\_\_\_

\_\_\_\_\_

Internal parasite exam date \_\_\_\_\_ Result: positive / negative (circle one)

Treatment given \_\_\_\_\_

Flea/tick control method used \_\_\_\_\_ cost \_\_\_\_\_

Dates flea/tick control applied/given \_\_\_\_\_

\_\_\_\_\_

Miscellaneous veterinary visits

Date	Reason	Treatment	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## MAINTENANCE RECORDS

### Nutritional Health:

Primary kind of food used \_\_\_\_\_

Explain Food Choice \_\_\_\_\_

List first two ingredients on label 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Did you change the kind of food used during the year? \_\_\_\_\_ Explain \_\_\_\_\_

Average cost of food/lb \_\_\_\_\_ (*total average bag cost / # of pounds per bag*)

Average amount fed/day \_\_\_\_\_ (*if amount changed during year, use an averaged #*)

Did you change the amount you fed during the year? \_\_\_\_\_ Explain \_\_\_\_\_

Average cost of food/month \_\_\_\_\_ (*# of pounds purchased each month x cost/pound*)

**Average cost of food for the year** \_\_\_\_\_ (*average cost of food/month x 12 mo.*)

List other dietary supplements \_\_\_\_\_ amount/day \_\_\_\_\_

\_\_\_\_\_ amount/day \_\_\_\_\_

Treats used \_\_\_\_\_ amount/day \_\_\_\_\_

\_\_\_\_\_ amount/day \_\_\_\_\_

List any food allergies/sensitivities

1.) \_\_\_\_\_

2.) \_\_\_\_\_

General feeding instructions:

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Dog's grooming requirements:

Daily \_\_\_\_\_

Average daily time spent grooming \_\_\_\_\_

Weekly \_\_\_\_\_

Average weekly time spent grooming \_\_\_\_\_

Monthly \_\_\_\_\_

Average monthly time spent grooming \_\_\_\_\_

Seasonally \_\_\_\_\_

Specific for show \_\_\_\_\_

Grooming supplies required:

- |           |                  |
|-----------|------------------|
| 1.) _____ | cost/value _____ |
| 2.) _____ | cost/value _____ |
| 3.) _____ | cost/value _____ |
| 4.) _____ | cost/value _____ |

Professional grooming services:

Date \_\_\_\_\_ Grooming service provided \_\_\_\_\_ cost \_\_\_\_\_

Date \_\_\_\_\_ Grooming service provided \_\_\_\_\_ cost \_\_\_\_\_

Date \_\_\_\_\_ Grooming service provided \_\_\_\_\_ cost \_\_\_\_\_

Grooming skills mastered this year :

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Place before and after thumbnail photos/sketch of your grooming job here



## TRAINING RECORDS

Please write a description of the types of training you do with your dog.

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Do you attend classes? \_\_\_\_\_ Explain (where, when, what you do)

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How often do you practice?

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What were your biggest training challenges this year?

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How did you work to overcome them?

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What are your biggest training achievements this year?

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What are your goals for next year?

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## SHOW RECORD

DATE	SHOW	CLASS	SCORE	PLACE	COST

*Place your dog show photos here*



## RECORDS OF SPECIAL DOG EVENTS

### *Educational Opportunities*

DATE	TOPIC	SPEAKER	SPEAKER/LEADER INITIALS

Ideas for next year:

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## FINANCIAL YEAR END SUMMARY

List other items and services purchased for your dog this year (training tools, toys, beds, leashes, collars, crates, boarding costs, fencing, club registrations, etc.)

ITEM	COST

**Total Miscellaneous Expenses (above) :** \_\_\_\_\_

**Total Veterinary Expenses for the Year (Page 9):** \_\_\_\_\_

**Total Food/Nutritional Expenses for the Year (Page 10):** \_\_\_\_\_

**Total Grooming Expenses for the Year (Page 11):** \_\_\_\_\_

**Total Cost of Show Registration Fees (Page 13):** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Use this space tell the story of all you and your dog experienced this year. Give your thoughts and feelings as you reflect back and offer yourself encouragement as you look forward to what lies ahead.

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