



NEW YORK STATE 4-H YOUTH DEVELOPMENT New York State 4-H Dog Registration

If your dog meets the guidelines listed under the "New York State 4-H Dog Policy," please complete the following form. If not, instead you may request exemption using the "New York State 4-H Dog Policy Exemption Request."

Owner Information:

First Name: _____ *Last Name:* _____

Address: _____

City : _____ *State:* _____

Zip: _____ *Phone Number:* _____

Dog Information:

Dog Name: _____ *Birthdate:* _____

Breed: _____ *Sex:* M F *Spayed or Neutered?*

Rabies Vaccination Number: _____ *Vaccination Expiration Date:* _____

Year(s) that this dog is a project animal: 20____, 20____, 20____, 20____

Is this dog owned or leased? *Owned:* *Leased*:* **Signed agreement on file*

By signing below, you agree all information listed on this form is accurate

Club Leader: _____

Club Member: _____

Parent of Member: _____ *Date:* _____

File with the Extension Educator one form for each dog prior to June 1st of the current year

