



Flathead Dog Project – additional record sheets

Must be included and completed as part of completing the year in Dog Project

Dog's name (Call name and registered name if applicable)

Breed (or description of likely ancestry)

Color

Does dog live in your home? Yes / No (Circle one)

Does the dog have titles? Yes / No (Circle one)

Titles earned by you (please list)

Titles earned by someone else (please list)

HEALTH:

Weight: _____

Height: _____ (at withers)

Age (birthdate if known): _____

Sex: Female/ spayed (Circle one) Male / Neutered (Circle one)

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List vaccinations and date given:

Include proof of current Rabies vaccination. (Can be a copy of veterinary receipt, must include contact information of Clinic and/or veterinarian).

FEEDING:

Do you feed the dog? Yes / No (Circle one)

If no, who feeds the dog: _____

Why: _____

Brand of food fed to dog: _____

Describe feeding schedule (how much how often): _____

GROOMING:

How often is dog groomed? _____

What is your grooming process? _____

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ACTIVITY LOG:

EVENT NAME	LOCATION	DATE	VERIFY SIGNATURE*
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1) _____

DESCRIBE WHAT YOU DID/LEARNED: _____

EVENT NAME	LOCATION	DATE	VERIFY SIGNATURE*
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2) _____

DESCRIBE WHAT YOU DID/LEARNED: _____

EVENT NAME	LOCATION	DATE	VERIFY SIGNATURE*
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3) _____

DESCRIBE WHAT YOU DID/LEARNED: _____

* This is the leader/teacher or representative of event

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