



**MARICOPA COUNTY 4-H DOG IDENTIFICATION CERTIFICATE
DOG IDENTIFICATION INFORMATION**

***Must also bring paper proof of rabies, DHPP, and Bordetella vaccines!**

Name of Animal: _____

Breed: _____ Sex: _____

Color: _____ Markings: _____

Spayed/Neutered: *YES *NO

Birthdate: _____ (approx if not known)

Owner: _____

Member's Relationship to owner: _____

Required Vaccinations:

DHPP/DA2PP/DHLPP Date: _____ Exp. Date _____

Bordetella Date: _____ Exp. Date: _____

Rabies Date: _____ Exp. Date: _____

Rabies tag# _____

I certify that this is my project this year and that the information on the Dog Identification Certificate is correct to the best of my knowledge.

Signature of 4-H Member Date

Member's Name (please print) Member's Birthdate

Member's street address

City State Zip

Phone number: _____ Alternate phone number: _____

Email address: _____

Note: One form for each dog used as a 4-H project animal. Please Attach photo of dog.