

Cass County Fair
DOG REGISTRATION FORM
Due June 17



Instructions:

1. Form must be **completed in its entirety**.
2. Attach a copy of current vaccinations. (Must update if expires prior to fair exhibition date.)
3. Return form and proof of vaccinations to the MSU Extension office (120 N. Broadway, Suite 209, Cassopolis, MI 49031) no later than June 17. (Late entries will be taken up to July 1st incurring late fees, however, those late entries will NOT qualify to participate in Versatility High Point.)

Exhibitor Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: ___/___/___ Age as of January 1 of current year: _____ Phone: _____

4-H Club: _____ Leader's Name: _____

Address where dog is kept: _____

I wish to register the following animal for my 4-H project. Check the appropriate box below:

- I own this dog, and as such, am the sole exhibitor, and responsible for the care, and training of it.
- I lease this animal; I am the sole exhibitor, and responsible for the care, and training of it.
- I borrow this animal; I am the sole exhibitor, and responsible for the care, and training of it.
- I plan to show versatility

Dog Information

1. This animal is a: Dog Puppy (under 1 year of age)
2. Sex: Male Female Spayed Neutered
3. Height at withers _____ inches
4. This dog is a: Purebred Mixed Registration Number: _____
5. Breed (if not registered, put breed most resembles): _____
6. Color of dog: _____ 7. Name of animal: _____
8. Dog's date of birth: ___/___/___
9. Rabies Expiration Date ___/___/___ DHLPP Expiration Date ___/___/___

Veterinary Signature / Veterinary Stamp

To the best of my knowledge, this animal is capable of showing at the Cass County Fair per health, athletic activity, and temperament. List any concerns or restrictions:

Veterinary Stamp:

Signature: _____

Veterinary Address, Phone :

Description of Markings

List all markings (blaze, white paws, etc.), scars, or other marks due to injury or deformity that can be used for means of identification.

ATTACH PHOTOGRAPHS TO THIS FORM

I certify that the previous statements are true, and agree that false records or unauthorized substitutions will disqualify me from completing this project and forfeit any awards, premiums, or trips which I might otherwise be entitled in this project.

Signature of Participant _____ Date _____

APPROVAL:

Signature of Parent/Guardian _____ Date _____

Signature of Project Leader _____ Date _____

AUTHORIZATION FOR SUBSTITUTION

Date of substitution _____ Reason for substitution _____

Identification of mark and breed _____

Attach copy of completed Dog Registration form for substituted dog along with vaccination records.

Extension 4-H Youth Coordinator _____ Date _____

Cass County Fair Dog Superintendent _____ Date _____

ALL SIGNATURES ARE REQUIRED FOR A VALID ENROLLMENT