

Adams County 4-H Dog Project Plan

4-H Member Name: _____

Parent/Guardian Name: _____

Phone #'s: _____

Dog Name: _____

Description of Dog (Breed, Color, Sex M/F):

(4-H Dog Resource Leader to date and initial for participation credit)

June _____ July _____ August _____

Project Goals & When do you want to accomplish this by?:

1.

2.

3.

Project Outcomes/What have you learned/Did you meet your goals & Why?:

1.

2.

3.