

4-H DOG VACCINATION CERTIFICATE
(Put 1 copy in record book and attach 1 copy to fair entry form)

PRINT (USE BALL POINT PEN)

NAME: _____

ADDRESS: _____
Number Street City Zip

DOG'S SEX: FEMALE MALE NEUTERED

SIZE: UNDER 20 LB. 20-50 LB OVER 50 LB

DOG'S HEIGHT AT THE WEITHERS: _____

DOG'S AGE: 3 MONTHS -12 MONTHS 12 MONTHS OR OLDER:

PREDOMINANT BREED: _____

COLORS: _____

DATE VACCINATED: MONTH _____ DAY _____ YEAR _____

VACCINATION EXPIRES: MONTH _____ DAY _____ YEAR _____

PRODUCER: (FIRST 3 LETTERS) _____

ROUTE M S 1 YEAR LICENSE/VACCINATION 3 YEAR LICENSE/VACCINATION

VACCINATION SERIAL (LOT) NUMBER: _____ TAG NUMBER _____

OTHER VACCINATIONS:

DISTEMPER DATE _____ HEPATITIS (cav-1) DATE _____

ADENOVIRUS (cav-2) DATE _____ LEPTOSPIROSIS DATE _____

PARAINFLUENZA DATE _____ : PAROVIRUS DATE _____

CARONOVIRUS DATE _____ :KENNEL COUGH DATE _____

OTHER _____ DATE _____

OTHER _____ DATE _____

VETERINARIAN'S PHONE#: _____

VETERINARIAN'S

ADDRESS: _____

VETERINARIAN'S

SIGNATURE: _____