

State 4-H Dog Show Immunization Record

Year: _____

4-H Member's Name: _____

County: _____

Dog's Name: _____

Sex: M M (neutered) F F (spayed)

Predominant Breed: _____

Height at Shoulders: _____

Color/Markings: _____

Weight: _____

Vaccinations (* Required) Expiration Date

_____/_____/_____ *Bordetella

_____/_____/_____ * Distemper

_____/_____/_____ * Hepatitis

_____/_____/_____ * Parvovirus

_____/_____/_____ * Parainfluenza

_____/_____/_____ * Rabies

Vaccinations (Recommended) Expiration Date

_____/_____/_____ Leptospirosis

_____/_____/_____ Coronavirus



Clinic Stamp

*Signature of person who administered the above vaccinations

_____ Phone: (____)_____

We certify that the above information is accurate and complete:

_____ 4-H Member **signature**

_____ Parent/Guardian **signature**

The State of Kansas Companion Animal Health Certificate is acceptable in lieu of this form.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service
MG34 rev.

July 2008

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