State 4-H Dog Show Immunization Record

4-H Member's Name:		County:				
Dog's Name:		Sex:	Male	Male (neutered)	Female	Female (spayed)
Predominant Breed:		Height at SI	houldors:	(ileaterea) —	_	(spayea)
Color/Markings:			noulders.			
Required: Rabies Vaccination	Expiration Date	Weight:				
		Phone				
* Signature of the veterinarian who administered	ed the vaccine					
Expiration Date	Vaccinations (* Required)					
* Distemper		Leptospirosis	;			
* Hepatitis		Coronavirus				
* Parvovirus		Bordetella				
* Parainfluenza					Clinic Stam	пр
		Phone				
* Signature of the veterinarian who administers We certify that the above information is accurate						
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 MG-34

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