RA	Canine						
Type or Print (use ball point pen) Owner's Name and Address				TAG NUI	☐ Distemper ☐ Hepatitis (CAV-1)		
PRINT last	last First Mie			Idle Initial Phone		Adenovirus (CAV-2) Leptospirosis	
No. Stre	et	City			Zip	☐ Parainfluenza☐ Parvovirus	
SPECIES: SEX: Dog	12 Mo or older □	Under 20 Lb □ 20–50 lb □	Predominer Name:	nt Breed	Colors:	☐ Coronavirus ☐ — — — — — — — — — — — — — — — — — — —	
DATE VACCINATED Month Day 20	Producer: (first 3 l		Veterinariar 		ture:	not required for 4-H State Fair	
VACCINATION EXPIRES Month Day 20	ROUTE M 1 yr L SQ 3 yr L Vacc. Seria	Lic/Vacc.	Address:			(3)	

C1084E

	Canine						
Type or Print (use ball point pen)				RABIES TAG NUMBER			☐ Distemper☐ Hepatitis
Owner's Name and Address						(CAV-1)	
PRINT last	ast First Mic			ddle Initia	lle Initial Phone		Adenovirus (CAV-2)
						7.	☐ Leptospirosis
No. Street City			Zip			☐ Parainfluenza	
							□ Parvovirus
SPECIES:	SEX:	AGE:	SIZE:	Predomi	nent Breed	Colors:	☐ Coronavirus
Dog □ Cat □	Male □ Female □ Neutered □	3 mo–12 Mo ☐ 12 Mo or older ☐	Under 20 Lb ☐ 20–50 lb ☐ Over 50 lb ☐	Name:		I	
Microchip □ Tattoo □ Number:							These vaccines are
DATE VACCI	PATE VACCINATED Producer: (first 3 letters)			Veterinarian's #:			not required for 4-H State Fair
Month	20			Veterinarian's Signature:			
VACCINATIO	ON EXPIRES	ROUTE ☐ M ☐ 1 yr Lic/Vacc. ☐ SQ ☐ 3 yr Lic/Vacc.		Address:		60	
Month	20	Vacc. Serial	(lot) No.				



Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.