



Dog Identification

County _____ Club: _____

4-Her Name _____

Dog's Call Name _____

Dog's Birth Date _____ Age _____
Mo./Day/Yr.

Predominant Breed _____

Color & Markings _____

Sex: Male Neutered Male Female Spayed Female

PHOTO OF DOG ONLY

MN 4-H Dog Project ID - 2019

Affidavit and Vaccination Verification

(This form must be uploaded to 4HOnline or submitted to your local Extension office on or before May 15)

Vaccination Certificate

Exhibitors: Take this form to your veterinarian. This Vaccination Certificate must be completed and signed by a licensed, accredited veterinarian. All dogs MUST have current rabies vaccinations. Your veterinarian must document on this form whether your dog's Rabies vaccination is current for 1 year, 2 years, or 3 years by filling in the "Date Expires" blank. Additionally, a current Distemper, Hepatitis, Leptospirosis, Parainfluenza, and Parvovirus (DHLPP) is required for 4-H dogs, *unless otherwise noted, either by titer or dog is unfit for vaccination, below by veterinarian. In case of vaccination being waived by a veterinarian or a titer, proof must be included with this form.*

Rabies:

Date Given _____ Date Expires _____

Product _____ Serial # _____

DHLPP:

Date Given _____ Date Expires _____

Product _____ Serial # _____

With the exception of Rabies, specific vaccination requirements may be waived if the veterinarian initials the applicable box below.

- Does not give Leptospirosis vac.
- Titer, form attached
- Follows AAHA recommendations
- Unfit for Vaccination, reason below
- Other, please list _____

Clinic Information

Clinic Name _____

Mailing Address _____

City _____ State _____ Zip _____

Administering Veterinarian's Name _____

Veterinarian's Signature _____

Date _____ Clinic Phone _____