



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

**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

**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.  Other, please list \_\_\_\_\_

Follows AAHA recommendations \_\_\_\_\_

**Clinic Information**

Clinic Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Administering Veterinarian's Name \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_

Date \_\_\_\_\_ Clinic Phone ( \_\_\_\_\_ ) \_\_\_\_\_