

STATE 4-H DOG SHOW IMMUNIZATION RECORD



Kansas 4-H Dog Show Immunization Record



4-H Member's Name: _____ County/District: _____ Year _____
Mailing Address: _____
Town _____ ZIP Code: _____ Phone: _____
Email: _____ Emergency Contact Phone: _____
Dog's Name: _____ Sex: M M (neutered) F F (spayed)
Predominant Breed: _____ Height at Shoulders: _____
Color/Markings: _____ Weight: _____
Special Health Needs of Dog: _____

A. Vaccination (* Required — must be given by a veterinarian)

Date Vaccination Expires for Dog (not date given to dog)

____/____/____ *Rabies

*Signature of person who administered the above vaccination:

Phone: (____) _____



Clinic Stamp

B. Vaccinations (* Required — may be given by a veterinarian or another person)

Date Vaccination Expires for Dog (not date given to dog)

____/____/____ *Bordetella

____/____/____ * Distemper

____/____/____ * Hepatitis

____/____/____ * Parvovirus

____/____/____ * Parainfluenza

*Signature of person who administered the above vaccinations:

Phone: (____) _____



Clinic Stamp, if given at a clinic

C. Vaccinations (Recommended — may be given by a veterinarian or another person)

Date Vaccination Expires for Dog (not date given to dog)

____/____/____ Leptospirosis

____/____/____ Coronavirus

*Signature of person who administered the above vaccinations:

Phone: (____) _____



Clinic Stamp, if given at a clinic

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

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