

State 4-H Dog Show Immunization Record

Year: _____

4-H Member's Name: _____

County: _____

Dog's Name: _____

Sex: M M (neutered) F F (spayed)

Predominant Breed: _____

Height at Shoulders: _____

Color/Markings: _____

Weight: _____

Vaccinations (* Required) Expiration Date

____/____/____ *Bordetella

____/____/____ * Distemper

____/____/____ * Hepatitis

____/____/____ * Parvovirus

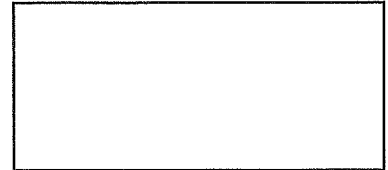
____/____/____ * Parainfluenza

____/____/____ * Rabies

Vaccinations (Recommended) Expiration Date

____/____/____ Leptospirosis

____/____/____ Coronavirus



Clinic Stamp

*Signature of person who administered the above vaccinations

Phone: (____) _____

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.

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