



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: _____

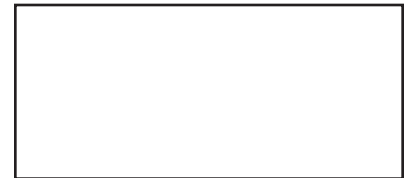
A. Vaccination (* Required — must be given by a veterinarian)

Date Vaccination Given to Dog **Date Vaccination Expires for Dog**

____/____/____ *Rabies ____/____/____ *Rabies

*Signature of person who administered the above vaccination:

Phone: (____) _____



Clinic Stamp

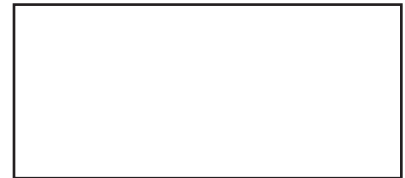
B. Vaccinations (* Required — may be given by a veterinarian or another person)

Date Vaccination Given to Dog **Date Vaccination Expires for Dog**

____/____/____ *Bordetella	____/____/____ *Bordetella
____/____/____ * Distemper	____/____/____ * Distemper
____/____/____ * Hepatitis	____/____/____ * Hepatitis
____/____/____ * Parvovirus	____/____/____ * Parvovirus
____/____/____ * Parainfluenza	____/____/____ * 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 Given to Dog **Date Vaccination Expires for Dog**

____/____/____ Leptospirosis	____/____/____ Leptospirosis
____/____/____ Coronavirus	____/____/____ 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.