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.