



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

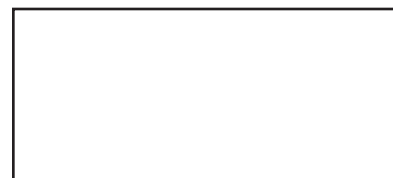
Date Vaccination Expires for Dog

____/____/____ *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.