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

_____ / _____ / _____ * Parovirus _____ / _____ / _____ * Parovirus

_____ / _____ / _____ * 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.