Kansas 4-H Dog Show Immunization Record

4-H Member’s Name: ___________________________  County/District: ___________________________  Year ________

Mailing Address: ________________________________________________________________________________________________

Town ___________________________________________________  ZIP Code: ___________  Phone: _________________________

Email: ______________________________________________________________________________________________________

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 Expires for Dog (not date given to dog)

_____ /_____ /_____  *Rabies

*Signature of person who administered the above vaccination:

______________________________

Phone: (_______)______________


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

Date Vaccination Expires for Dog (not date given to dog)

_____ /_____ /_____  *Bordetella

_____ /_____ /_____  *Distemper

_____ /_____ /_____  *Hepatitis

_____ /_____ /_____  *Parvovirus

_____ /_____ /_____  *Parainfluenza

*Signature of person who administered the above vaccinations:

______________________________

Phone: (_______)______________


C. Vaccinations (Recommended — may be given by a veterinarian or another person)

Date Vaccination Expires for Dog (not date given to dog)

_____ /_____ /_____  Leptospirosis

_____ /_____ /_____  Coronavirus

*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.