

# 4-H Dog Project

## Certificate of Inoculations and Health Care

Please have your veterinarian complete the bottom portion. Bring completed form with you to youth show.

Exhibitor name \_\_\_\_\_ 4-H Age \_\_\_\_\_

Name of Club \_\_\_\_\_ Year in Project \_\_\_\_\_

Name of Dog \_\_\_\_\_ Breed \_\_\_\_\_ Reg'd Y N

My dog is (check): Male \_\_\_ Female \_\_\_ Spay/Neutered \_\_\_\_\_ Birth Date \_\_\_\_\_

Expiration date of Dog License \_\_\_\_\_ Twp/Co issuing license \_\_\_\_\_

\*Note\* Proof of Current Dog License must be provided at time of youth show.

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All entries must be current on vaccines for Distemper and Rabies and must have had a negative heartworm test within one year and a negative fecal sample within 6 months of show.

### This section to be completed by Veterinarian

	Date given	Date due
Distemper	_____	_____

Rabies	_____	_____
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Heartworm Test	_____	Result	_____
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Fecal Test	_____	Result	_____	If positive, date of Treatment	_____
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Veterinary Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian \_\_\_\_\_ Signature \_\_\_\_\_