



COLORADO 4-H DOG HEALTH CERTIFICATE

Member's Name _____ Phone _____ Age _____ (12/31/current year)

Address _____ City _____ State _____ Zip _____ Email _____

Name of dog _____ Color and markings _____ Date of birth _____

Breed: _____ Sex: _____ Male; _____ Female; Spayed or Neutered? Yes; No

Dog License # (if applicable) _____ Rabies Tag Number _____ You may attach a picture of your dog w/this form

HOME IMMUNIZATION RECORD:

If you give your own immunizations, please write in the serial number from vaccine bottles and the date that you gave the shot to your dog.

Distemper _____ Para Influenza _____ Parvo Virus _____

Leptospirosis _____ Hepatitis _____ Bordetella _____

Administered by _____
(Signature) (Date)

VETERINARIAN IMMUNIZATION RECORD:

You may have your veterinarian fill this part out or you may attach a photocopy of your shot record

The signatures above and below ALL must be completed prior to exhibition.

DISEASE	DATE VACCINATED	DUE DATE OF NEXT VACCINATION
RABIES <input type="checkbox"/> - 1 yr; <input type="checkbox"/> - 3 yr.		
DISTEMPER		
LEPTOSPOROSIS		
HEPATITIS		
PARA-INFLUENZA		
PARVO VIRUS		
BORDETELLA (Kennel Cough)		

Any sign of a communicable disease will result in the dog being sent home.

Date _____ Signature of 4-H member _____

Veterinarian's Signature

Date _____ Signature of 4-H Parent/Guardian
(verifies the above is complete & accurate)

Address

Date _____ Signature of 4-H Office
(verifies county 4-H Dog membership)

City _____ State _____ Zip _____

Date _____ Signature of 4-H Leader/Trainer _____

This 4-H Dog should be shown at the following level:

Obedience _____

Showmanship _____

Rally _____



(over)

Please attach here.

Must include color photograph of your dog.

The preferred pose is a full-body side view showing member with dog in the photograph.