



Rev 2012

**Nebraska 4-H (revised – Oct. 2012)  
Certificate of Vaccination for Dogs**

Exhibitor's Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P.O. Box) (City) (Zip)

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Male  Female  Spayed/Neutered  Breed \_\_\_\_\_

Color/Markings \_\_\_\_\_

**RABIES VACCINATION MUST BE GIVEN BY A CERTIFIED VETERINARIAN. ALL OTHER VACCINATIONS DO NOT NEED TO BE GIVEN BY A CERTIFIED VETERINARIAN. IF VACCINATIONS WERE GIVEN BY SOMEONE OTHER THAN YOUR VETERINARIAN, PLEASE ATTACH THE LABELS AND SIGN THE FORM BELOW. LABEL GUIDELINES SHOULD BE FOLLOWED TO DETERMINE LENGTH OF VACCINE EFFECTIVENESS.**

Vaccinations required for Nebraska State Fair Dog Show: All required vaccinations must be given within 1 to 3 years of the show date based on label guidelines.

<b>Vaccination</b>	<b>Date Given</b>	<b>Vaccination</b>	<b>Date Given</b>
Rabies	_____	Infectious canine hepatitis	_____
1 year <input type="checkbox"/>		1 year <input type="checkbox"/>	
3 year <input type="checkbox"/>		3 year <input type="checkbox"/>	
Rabies Tag No.	_____		
Distemper	_____	Parvovirus	_____
1 year <input type="checkbox"/>		1 year <input type="checkbox"/>	
3 year <input type="checkbox"/>		3 year <input type="checkbox"/>	
		Bordetella (County Only)	_____

If vaccinations other than rabies not provided by veterinarian, signature of vaccination provider.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby verify that I am a licensed, accredited veterinarian and have vaccinated the above dog.

Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Administering Veterinarian's Name \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_



Extension is a Division of the Institute of Agriculture and Natural Resources at the University of Nebraska–Lincoln cooperating with the Counties and the United States Department of Agriculture.

The 4-H Youth Development program abides with the nondiscrimination policies of the University of Nebraska–Lincoln and the United States Department of Agriculture.



# Adams County 4-H Dog Identification Certificate



Year \_\_\_\_\_

Member's Name \_\_\_\_\_

Member's Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dog \_\_\_\_\_ Rabies tag number \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Colors \_\_\_\_\_

This dog is owned by me: \_\_\_\_\_ by my family: \_\_\_\_\_ or borrowed: \_\_\_\_\_

Members Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please attach current vaccination records that include immunization for DHL, Parvo, Coronavirus, Bordetella and rabies. Rabies records must come from a veterinarian. For other shots, attach veterinary records or attach labels on a vaccination record form signed by the member's parent.

## Owner's Affidavit

As owner of the dog described above, I certify that \_\_\_\_\_  
Name

Has my permission to use this animal in the 4-H dog project.

I understand that the 4-H member must manage (including feeding, grooming, exercising, training, etc.) and have access to the dog at least 50% of the time during the course of the project year.

Owner of Dog \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
University of Nebraska-Lincoln Extension Educator

\_\_\_\_\_  
Date



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