

**Nebraska 4-H (revised – Jan. 2008)  
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.**

Vaccinations required for Nebraska State Fair Dog Show: All required vaccinations must be given within 1 year of the show date.

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

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 \_\_\_\_\_