

## Nebraska 4-H (Revised – May 2017) Certificate of Vaccination for Cats and Ferrets

Exhibitor's Name	County	
Address(Street or P.O. Box)	(City)	(Zip)
Pet's Name		. •
Male Female Spayed/Neuto	ered Species/Breed	
VACCINATIONS DO NOT NI VACCINATIONS WERE GIV PLEASE ATTACH THE LABI		FIED VETERINARIAN. IF N YOUR VETERINARIAN, OW. LABEL GUIDELINES CCINE EFFECTIVENESS.  and ferrets: All required vaccinations
Leukemia (FeLV) or have proof on a nego	ative test within 180 days of the show da	
Feline Vaccinations  Date Given  Rabies  1 year	Viral Rhinotracheitis (PVR)  1 year	Ferret Vaccinations Date Given  Rabies 1 year  Rabies Tag No.
I hereby verify that I am a licensed, accre  Clinic Name  Mailing Address	Phone	
City	_	
Administering Veterinarian's Name		
Veterinarian's Signature	Date	



Nebraska 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.