

## Nebraska 4-H (Revised – April 2017) Certificate of Vaccination for Dogs

Exhibitor's Name County				
Address(Street or P.O.	Pov	(City)	(Zip)	
			rth Date	
Male Female Sp	ayed/Neutered B	reed		
Color/Markings				
VACCINATIONS DO VACCINATIONS W PLEASE ATTACH T SHOULD BE FOLL	O NOT NEED TO BI ERE GIVEN BY SOI THE LABELS AND S OWED TO DETERN	BY A CERTIFIED VETE E GIVEN BY A CERTIFIE MEONE OTHER THAN Y IGN THE FORM BELOW IINE LENGTH OF VACO S Show: All required vaccin	YOUR VETERINARIAN, V. LABEL GUIDELINES CINE EFFECTIVENESS.	
1 to 3 years of the show date			ations must be given within	
Vaccination	Date Given	Vaccination	Date Given	
Rabies  1 year		Infectious canine hepar  1 year  3 year   Parvovirus 1 year  3 year  3 year	titis	
If vaccinations other than ra	abies not provided by v	eterinarian, signature of vac	cination provider.	
Name				
Signature		Date		
I hereby verify that I am a l	icensed, accredited vet	erinarian and have vaccinate	ed the above dog.	
Clinic Name		Phone	Phone	
Mailing Address				
City		State Zip	)	
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.