



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.

Vaccination	Date Given	Vaccination	Date Given
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"/>	

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.