



# DOG IDENTIFICATION SHEET



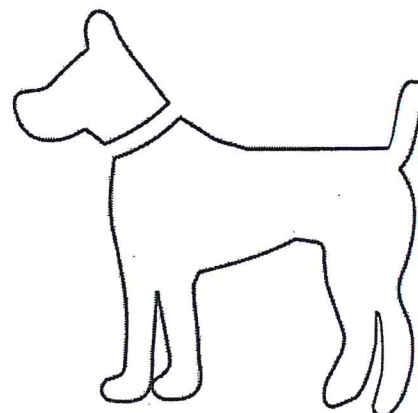
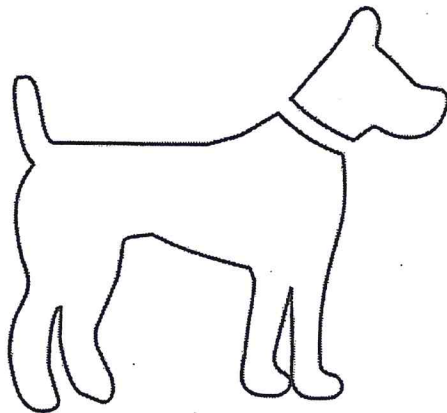
Members Name: \_\_\_\_\_ 4-H Age: \_\_\_\_\_

1. Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_ Sex: \_\_\_ Colors: \_\_\_\_\_ Height: \_\_\_\_\_

This dog is owned by:  Me  My Family  A Friend (borrowed)

Please attach a photo of your dog or sketch here.

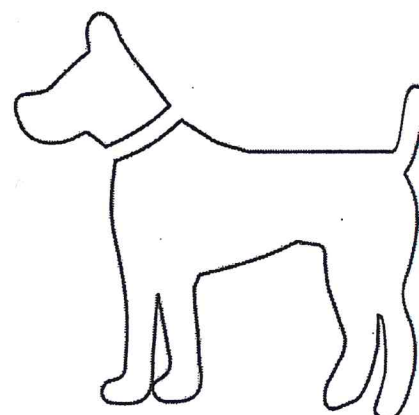
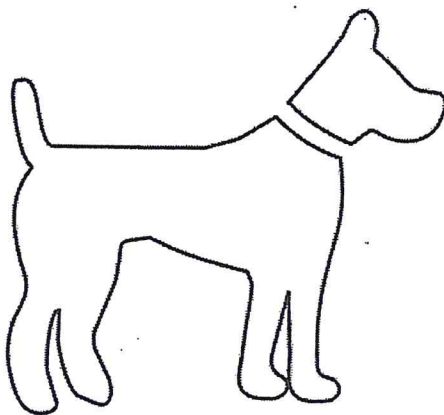


1. Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_ Sex: \_\_\_ Colors: \_\_\_\_\_ Height: \_\_\_\_\_

This dog is owned by:  Me  My Family  A Friend (borrowed)

Please attach a photo of your dog or sketch here.



If the dog is owned by someone other than you or your immediate family, the owner must complete the following:

### Owner Affidavit

The dog(s) described above, I certify that \_\_\_\_\_ has permission to use this/these animal(s) in their 4-H project. I understand that the 4-H member must manage (feed, groom, train, exercise, etc. ) and have access to the animal(s) at least 75% of the time during the course of the project year to include at least May-July.

Date: \_\_\_\_\_ Print Owner of Dog: \_\_\_\_\_ Sign Owner of Dog: \_\_\_\_\_



Rev 2008

SF263

**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.

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

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.