



Otoe County 4-H & Clover Kid Dog ID Sheet (Rev. 12/2020)
Due by June 15, 2020

Last Name _____ First Name(s) & 4-H Age(s) _____ 4-H Club _____ County **Otoe**

An additional Entry Form is due July 12th in addition to this affidavit!

Please complete the Health Form on the back side of this sheet - one dog per sheet

I (we) hereby certify the following described animals are owned and are being fed and cared for by me (us) as a part of my (our) 4-H Dog Project. I (we) understand that the animals which I (we) exhibit at 4-H shows during the project year shall be among those listed and described in this certificate. Violation of exhibit rules can lead to exclusion from participation in 4-H shows.

Breed of Dog: _____ Color: _____

Name of Animal: _____ Female or Male (circle one)

Age of Animal (date of birth if known) _____ Spayed or Neutered (circle one)

Must attach a photo of the dog

Signature of Club or Chapter Member(s): _____
(At least one of those listed at the top of this form must sign.)

Parent Signature: _____ Extension Staff Signature: _____

_____ Date Submitted: _____
This (these) youth has (have) submitted this dog ownership affidavit in accordance with all rules of the state and county 4-H Program.



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.