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 ☐		1 year ☐	
3 year ☐		3 year ☐	
Rabies Tag No.	_____		
		Parvovirus	_____
Distemper	_____	1 year ☐	
1 year ☐		3 year ☐	
3 year ☐		Bordetella (County Only)	_____

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 _____

Phelps County 4-H Dog Identification Certificate

(Revised 11/17)

Year _____

Member's Name _____

Member's Address _____ Phone _____

Name of Dog _____ Rabies tag number _____

Breed _____ Age _____ Sex ____ Colors _____

This dog is owned by me: _____ by my family: _____ or borrowed: _____

Members Signature: _____ Date _____

Please attach current vaccination records that include immunization for DHL, Parvo, Coronavirus, Bordetella and rabies. Rabies records must come from a veterinarian. For other shots, attach veterinary records or attach labels on a vaccination record form signed by the member's parent.

Owner's Affidavit

As owner of the dog described above, I certify that _____
                                                                          Name

Has my permission to use this animal in the 4-H dog project.

I understand that the 4-H member must manage (including feeding, grooming, exercising, training, etc.) and have access to the dog at least 50% of the time during the course of the project year.

Owner of Dog _____ Date _____

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