

Rev 2012



Nebraska 4-H (revised – Oct. 2012) Certificate of Vaccination for Dogs

Exhibitor's Name		County	County	
Address(Street or P.O. Box)		(City)	(Zip)	
			Birth Date	
Male Female Spar	yed/Neutered Br	eed		
Color/Markings				
VACCINATIONS DO VACCINATIONS WE PLEASE ATTACH TH SHOULD BE FOLLO	NOT NEED TO BE TRE GIVEN BY SOM HE LABELS AND SOMED TO DETERM	CGIVEN BY A CERTIF MEONE OTHER THAN IGN THE FORM BELO IINE LENGTH OF VAC	TERINARIAN. ALL OTHER IED VETERINARIAN. IF YOUR VETERINARIAN, W. LABEL GUIDELINES CINE EFFECTIVENESS.	
1 to 3 years of the show date l		•	nations must be given within	
Vaccination	Date Given	Vaccination	Date Given	
Rabies 1 year		Infectious canine hep 1 year 3 year Parvovirus 1 year 3 year 3 year	patitis	
If vaccinations other than rab	oies not provided by v	eterinarian, signature of va	accination provider.	
Name		_		
Signature		Date		
I hereby verify that I am a lic		Phone	e	
Mailing Address				
City		State Z	ip	
Administering Veterinarian's	Name			
eterinarian'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.