



# Kansas 4-H Dog Show Immunization Record



4-H Member's Name: \_\_\_\_\_ County/District: \_\_\_\_\_ Year \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Sex: M M (neutered) F F (spayed)

Predominant Breed: \_\_\_\_\_ Height at Shoulders: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_

Special Health Needs of Dog: \_\_\_\_\_

### A. Vaccination (\* Required — must be given by a veterinarian)

#### Date Vaccination Expires for Dog (not date given to dog)

\_\_\_\_/\_\_\_\_/\_\_\_\_ \*Rabies

\*Signature of person who administered the above vaccination:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



Clinic Stamp

### B. Vaccinations (\* Required — may be given by a veterinarian or another person)

#### Date Vaccination Expires for Dog (not date given to dog)

\_\_\_\_/\_\_\_\_/\_\_\_\_ \*Bordetella

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Distemper

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Hepatitis

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Parvovirus

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Parainfluenza

\*Signature of person who administered the above vaccinations:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



Clinic Stamp, if given at a clinic

### C. Vaccinations (Recommended — may be given by a veterinarian or another person)

#### Date Vaccination Expires for Dog (not date given to dog)

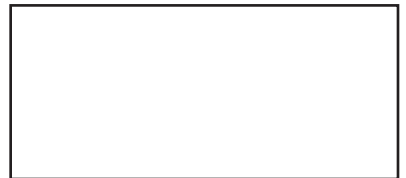
\_\_\_\_/\_\_\_\_/\_\_\_\_ Leptospirosis

\_\_\_\_/\_\_\_\_/\_\_\_\_ Coronavirus

\*Signature of person who administered the above vaccinations:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



Clinic Stamp, if given at a clinic

We certify that the above information is accurate and complete:

\_\_\_\_\_  
4-H Member **signature**

\_\_\_\_\_  
Parent/Guardian **signature**

The State of Kansas Companion Animal Health Certificate is acceptable in lieu of this form.