



# COLORADO 4-H DOG HEALTH CERTIFICATE

Member's Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_ (12/31/current year)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Name of dog \_\_\_\_\_ Color and markings \_\_\_\_\_ Date of birth \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Male; \_\_\_\_\_ Female; Spayed or Neutered? Yes; No

Dog License # (if applicable) \_\_\_\_\_ Rabies Tag Number \_\_\_\_\_ You may attach a picture of your dog w/this form

### HOME IMMUNIZATION RECORD:

If you give your own immunizations, please write in the serial number from vaccine bottles and the date that you gave the shot to your dog.

Distemper \_\_\_\_\_ Para Influenza \_\_\_\_\_ Parvo Virus \_\_\_\_\_

Leptospirosis \_\_\_\_\_ Hepatitis \_\_\_\_\_ Bordetella \_\_\_\_\_

Administered by \_\_\_\_\_  
(Signature) (Date)

### VETERINARIAN IMMUNIZATION RECORD:

You may have your veterinarian fill this part out or you may attach a photocopy of your shot record

*The signatures above and below ALL must be completed prior to exhibition.*

DISEASE	DATE VACCINATED	DUE DATE OF NEXT VACCINATION
RABIES <input type="checkbox"/> - 1 yr; <input type="checkbox"/> - 3 yr.		
DISTEMPER		
LEPTOSPOROSIS		
HEPATITIS		
PARA-INFLUENZA		
PARVO VIRUS		
BORDETELLA (Kennel Cough)		

*Any sign of a communicable disease will result in the dog being sent home.*

Date \_\_\_\_\_ Signature of 4-H member \_\_\_\_\_

\_\_\_\_\_  
Veterinarian's Signature

Date \_\_\_\_\_ Signature of 4-H Parent/Guardian  
(verifies the above is complete & accurate)

\_\_\_\_\_  
Address

Date \_\_\_\_\_ Signature of 4-H Office  
(verifies county 4-H Dog membership)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Signature of 4-H Leader/Trainer \_\_\_\_\_

This 4-H Dog should be shown at the following level:

Obedience \_\_\_\_\_

Showmanship \_\_\_\_\_

Rally \_\_\_\_\_



18 USC 797