



RABIES VACCINATION CERTIFICATE						Canine		
<i>Type or Print (use ball point pen)</i>				RABIES TAG NUMBER		<input type="checkbox"/> Distemper <input type="checkbox"/> Hepatitis (CAV-1) <input type="checkbox"/> Adenovirus (CAV-2) <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Parvovirus <input type="checkbox"/> Coronavirus <input type="checkbox"/> _____ These vaccines are not required for 4-H State Fair 		
Owner's Name and Address								
PRINT last		First		Middle Initial	Phone			
No.		Street		City	Zip			
SPECIES:	SEX:	AGE:	SIZE:	Predominant Breed	Colors:			
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	3 mo-12 Mo <input type="checkbox"/>	Under 20 Lb <input type="checkbox"/>	Name:				
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 Mo or older <input type="checkbox"/>	20-50 lb <input type="checkbox"/>					
	Neutered <input type="checkbox"/>		Over 50 lb <input type="checkbox"/>					
Microchip <input type="checkbox"/> Tattoo <input type="checkbox"/> Number:								
DATE VACCINATED		Producer: (first 3 letters)		Veterinarian's #:				
_____ 20_____ Month Day		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					_____	
VACCINATION EXPIRES		ROUTE		Veterinarian's Signature:				
_____ 20_____ Month Day		<input type="checkbox"/> M <input type="checkbox"/> 1 yr Lic/Vacc. <input type="checkbox"/> SQ <input type="checkbox"/> 3 yr Lic/Vacc.		_____				
		_____		Address:				

		Vacc. Serial (lot) No.						

RABIES VACCINATION CERTIFICATE						Canine		
<i>Type or Print (use ball point pen)</i>				RABIES TAG NUMBER		<input type="checkbox"/> Distemper <input type="checkbox"/> Hepatitis (CAV-1) <input type="checkbox"/> Adenovirus (CAV-2) <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Parainfluenza <input type="checkbox"/> Parvovirus <input type="checkbox"/> Coronavirus <input type="checkbox"/> _____ These vaccines are not required for 4-H State Fair 		
Owner's Name and Address								
PRINT last		First		Middle Initial	Phone			
No.		Street		City	Zip			
SPECIES:	SEX:	AGE:	SIZE:	Predominant Breed	Colors:			
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	3 mo-12 Mo <input type="checkbox"/>	Under 20 Lb <input type="checkbox"/>	Name:				
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 Mo or older <input type="checkbox"/>	20-50 lb <input type="checkbox"/>					
	Neutered <input type="checkbox"/>		Over 50 lb <input type="checkbox"/>					
Microchip <input type="checkbox"/> Tattoo <input type="checkbox"/> Number:								
DATE VACCINATED		Producer: (first 3 letters)		Veterinarian's #:				
_____ 20_____ Month Day		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					_____	
VACCINATION EXPIRES		ROUTE		Veterinarian's Signature:				
_____ 20_____ Month Day		<input type="checkbox"/> M <input type="checkbox"/> 1 yr Lic/Vacc. <input type="checkbox"/> SQ <input type="checkbox"/> 3 yr Lic/Vacc.		_____				
		_____		Address:				

		Vacc. Serial (lot) No.						



Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.