

RABIES VACCINATION CERTIFICATE						Canine						
<i>Type or Print (use ball point pen)</i>				RABIES TAG NUMBER		<input type="checkbox"/> Distemper						
Owner's Name and Address						<input type="checkbox"/> Hepatitis (CAV-1)						
PRINT last		First		Middle Initial	Phone	<input type="checkbox"/> Adenovirus (CAV-2)						
No.		Street		City	Zip	<input type="checkbox"/> Leptospirosis						
SPECIES:		SEX:		AGE:		SIZE:		Predominant Breed		Colors:		<input type="checkbox"/> Parainfluenza
Dog <input type="checkbox"/>		Male <input type="checkbox"/>		3 mo-12 Mo <input type="checkbox"/>		Under 20 Lb <input type="checkbox"/>						<input type="checkbox"/> Parvovirus
Cat <input type="checkbox"/>		Female <input type="checkbox"/>		12 Mo or older <input type="checkbox"/>		20-50 lb <input type="checkbox"/>						<input type="checkbox"/> Coronavirus
		Neutered <input type="checkbox"/>				Over 50 lb <input type="checkbox"/>		Name:				<input type="checkbox"/> _____
Microchip <input type="checkbox"/>		Tattoo <input type="checkbox"/>		Number:								
DATE VACCINATED			Producer: (first 3 letters)			Veterinarian's #:						
_____ 20____			[][]			_____						
Month Day			ROUTE			Veterinarian's Signature:						
VACCINATION EXPIRES			<input type="checkbox"/> M <input type="checkbox"/> 1 yr Lic/Vacc.			_____						
_____ 20____			<input type="checkbox"/> SQ <input type="checkbox"/> 3 yr Lic/Vacc.			Address:						
Month Day			_____			_____						
			Vacc. Serial (lot) No.									

These vaccines are not required for 4-H State Fair



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