



6 Year 4-H DOG HEALTH CERTIFICATES/SHOT RECORD



Member's Name _____

Address _____

Phone _____ 4-H Club _____ County _____

Leader _____ Leader Phone _____

Dog's Name _____ Breed _____

Age _____ Sex _____ Neutered _____

These shots must be valid at least 30 days prior to Clark County Fair:

DHPP: (Distemper, Hepatitis, Parainfluenza and Parvo)

DHPP: Initial Puppy Series completed:

1 Date: _____ Vet. Signature _____ (or vial sticker)

DHPP ANNUAL BOOSTERS

2 Date: _____ Vet. Signature _____ (or vial sticker)

3 Date: _____ Vet. Signature _____ (or vial sticker)

4 Date _____ Vet. Signature _____ (or vial sticker)

5 Date _____ Vet. Signature _____ (or vial sticker)

6 Date _____ Vet. Signature _____ (or vial sticker)

7 Date _____ Vet. Signature _____ (or vial sticker)

RABIES: Approved Vaccine Given By Veterinarian at Appropriate Age

Puppy 1 year Rabies Vaccine

1 Date _____ Vet. Signature _____

Vet. Stamp

Adult 3 year Rabies Vaccine

2 Date _____ Vet. Signature _____

Vet. Stamp

3 Date _____ Vet. Signature _____

Vet. Stamp

1 Fecal Exam:

Date _____ Results _____
If positive-type of worm _____
Treatment _____

Vet. Stamp

2 Fecal Exam:

Date _____ Results _____
If positive-type of worm _____
Treatment _____

Vet. Stamp

3 Fecal Exam:

Date _____ Results _____
If positive-type of worm _____
Treatment _____

Vet. Stamp

4 Fecal Exam:

Date _____ Results _____
If positive-type of worm _____
Treatment _____

Vet. Stamp

5 Fecal Exam:

Date _____ Results _____
If positive-type of worm _____
Treatment _____

Vet. Stamp

6 Fecal Exam:

Date _____ Results _____
If positive-type of worm _____
Treatment _____

Vet. Stamp

7 Fecal Exam:

Date _____ Results _____
If positive-type of worm _____
Treatment _____

Vet. Stamp