CLARK COUNTY 4-H CAT PROJECT VACCINATION RECORD

MEMBER’S NAME ______________________________________________________

ADDRESS ___________________________________________________________

PHONE ___________ 4-H CLUB ___________ COUNTY ______

LEADER __________________________ LEADER’S PHONE # __________________

CAT’S NAME __________________________ BREED _________________

DATE of BIRTH __________________________ SEX  M   F SPAY or NEUTER

FVRCP Adult Boosters must be current and meet fair book guidelines.

Date Given ___________ next due ______________ signature or proof____________

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For the three year Rabies vaccine administered by a licensed Veterinarian; please fill out State Fair Rabies Vaccination Certificate WS4HF/1.30m.

Rev. Dec 2014