



**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.