



CLARK COUNTY 4-H CAT PROJECT (KITTEN) 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 Kitten vaccine series must be completed at least 30 days before fair.
If vaccine was self-administered attach label for proof of vaccine.**

1st Date given _____ next due _____ signature or proof _____

2nd Date given _____ next due _____ signature or proof _____

3rd Date given _____ next due _____ signature or proof _____

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

Date given _____ next due _____ signature or proof _____

Date given _____ next due _____ signature or proof _____

Date given _____ next due _____ signature or proof _____

**Rabies must be given by a veterinarian at least 30 days before fair; administered
after 12 weeks of age.**

1st Date given _____ next due _____ signature _____

2nd Date given _____ next due _____ signature _____

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