

Green Lake County 4-H Dog Project

Dog Health & Vaccination Requirement Form

Members, please take this vaccination form to your veterinarian to be completed. We require a veterinary certificate on file showing proof of vaccines for all dogs participating in this project. All dogs have distemper, hepatitis, leptospirosis, and parvo virus (DHLP) vaccinations within one year of show date. Rabies vaccination must be up to date. These requirements are for the safety and wellbeing of all the dogs that attend our project. Your dog will **not** be allowed to train without the proof of vaccinations.

Member name (Please prir	nt):		
Number of years in the 4-H	l Dog Project:	Member age:	
What level are you at in the	e Dog Project? Beginner	Intermediate Advanced	
Are you planning in exhibiti	ing in the Green Lake County	Fair Dog Show? Yes No	
Are you planning on partici	pating in the State 4-H Dog Sl	now? Yes No	
Parent or guardian (Please	print):		
Phone:	E-	mail:	
	·		
		Age:	
Breed:		Color:	
	emale	Is your dog spayed or neutered? Yes	No
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Member signature Veterinaria		Parent/Guardian Signature ements for the dogs in our project.	Date
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Member signature Veterinaria Veterinary 0 Address: Vaccinations: Rabies:	Date Vaccination Given	ments for the dogs in our project.	
Member signature Veterinaria Veterinary 0 Address: Vaccinations: Rabies: Distemper:	Date Vaccination Given	ments for the dogs in our project.	
Member signature Veterinaria Veterinary C Address: Vaccinations: Rabies: Distemper: Hepatitis:	Date Vaccination Given	ments for the dogs in our project.	
Member signature Veterinaria Veterinary C Address: Vaccinations: Rabies: Distemper: Hepatitis: Leptospirosis	Date Vaccination Given	ments for the dogs in our project.	
Veterinaria Veterinary of Address: Vaccinations: Rabies: Distemper: Hepatitis: Leptospirosis Parvo Virus:	Date Vaccination Given	Phone:	
Veterinaria Veterinaria Veterinary (Address: Vaccinations: Rabies: Distemper: Hepatitis: Leptospirosis Parvo Virus:	Date Vaccination Given Dog Show Recommended Tes	Phone:ts/Vaccines:	
Veterinaria Veterinary (Address: Vaccinations: Rabies: Distemper: Hepatitis: Leptospirosis Parvo Virus: Not Required: WI 4-H State	Date Vaccination Given	Phone:ts/Vaccines:	
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Veterinaria Veterinary (Address: Vaccinations: Rabies: Distemper: Hepatitis: Leptospirosis Parvo Virus: Not Required: WI 4-H State Bordetella (highly recommended): Fecal Check: Neg. Pos.	Date Vaccination Given Dog Show Recommended Test Date Tested/Vaccination Given	Phone:ts/Vaccines:	

Attach a copy of your dog's Veterinary Certificate.