

RABIES VACCINATION CERTIFICATE								
<i>Type or Print (use ball point pen)</i>			RABIES TAG NUMBER					
Owner's Name and Address:								
PRINT Last		First	Middle Initial	Phone				
No.	Street		City	Zip				
SPECIES: Dog <input type="checkbox"/> Cat <input type="checkbox"/>	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>	AGE: 3 mo-12 Mo <input type="checkbox"/> 12 Mo or older <input type="checkbox"/>	SIZE: Under 20 Lb <input type="checkbox"/> 20-50 lb <input type="checkbox"/> Over 50 lb <input type="checkbox"/>	Predominant Breed	Colors:			
Microchip <input type="checkbox"/> Tattoo <input type="checkbox"/> Number:				Name:				
DATE VACCINATED _____ 20_____ Month Day		Producer: (first 3 letters) <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"><tr><td style="width: 33px;"></td><td style="width: 33px;"></td><td style="width: 33px;"></td></tr></table>					Veterinarian's #: _____	
VACCINATION EXPIRES _____ 20_____ Month Day		ROUTE <input type="checkbox"/> M <input type="checkbox"/> 1 yr Lic/Vacc. <input type="checkbox"/> SQ <input type="checkbox"/> 3 yr Lic/Vacc.		Veterinarian's Signature: _____				
		_____		Address: _____				
		Vacc. Serial (lot) No.						

- Canine**
- Distemper
 - Hepatitis (CAV-1)
 - Adenovirus (CAV-2)
 - Leptospirosis
 - Parainfluenza
 - Parvovirus
 - Coronavirus
 - _____
- These vaccines are not required for 4-H State Fair**



RABIES VACCINATION CERTIFICATE								
<i>Type or Print (use ball point pen)</i>			RABIES TAG NUMBER					
Owner's Name and Address:								
PRINT Last		First	Middle Initial	Phone				
No.	Street		City	Zip				
SPECIES: Dog <input type="checkbox"/> Cat <input type="checkbox"/>	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>	AGE: 3 mo-12 Mo <input type="checkbox"/> 12 Mo or older <input type="checkbox"/>	SIZE: Under 20 Lb <input type="checkbox"/> 20-50 lb <input type="checkbox"/> Over 50 lb <input type="checkbox"/>	Predominant Breed	Colors:			
Microchip <input type="checkbox"/> Tattoo <input type="checkbox"/> Number:				Name:				
DATE VACCINATED _____ 20_____ Month Day		Producer: (first 3 letters) <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"><tr><td style="width: 33px;"></td><td style="width: 33px;"></td><td style="width: 33px;"></td></tr></table>					Veterinarian's #: _____	
VACCINATION EXPIRES _____ 20_____ Month Day		ROUTE <input type="checkbox"/> M <input type="checkbox"/> 1 yr Lic/Vacc. <input type="checkbox"/> SQ <input type="checkbox"/> 3 yr Lic/Vacc.		Veterinarian's Signature: _____				
		_____		Address: _____				
		Vacc. Serial (lot) No.						

- Canine**
- Distemper
 - Hepatitis (CAV-1)
 - Adenovirus (CAV-2)
 - Leptospirosis
 - Parainfluenza
 - Parvovirus
 - Coronavirus
 - Canine Rabies
 - _____
- These vaccines are not required for 4-H State Fair**

