



## Courageous K-9's Immunization Record

4-H Member's Name: \_\_\_\_\_ County/District: \_\_\_\_\_ Year \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Sex: M M (neutered) F F (spayed)

Predominant Breed: \_\_\_\_\_ Height at Shoulders: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_

Special Health Needs of Dog: \_\_\_\_\_

### A. Vaccination (\* Required — must be given by a veterinarian)

Date Vaccination Given to Dog

Date Vaccination Expires for Dog

\_\_\_\_/\_\_\_\_/\_\_\_\_ \*Rabies

\_\_\_\_/\_\_\_\_/\_\_\_\_ \*Rabies

\*Signature of person who administered the above vaccination:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### B. Vaccinations (\* Required — may be given by a veterinarian or another person)

Date Vaccination Given to Dog

Date Vaccination Expires for Dog

\_\_\_\_/\_\_\_\_/\_\_\_\_ \*Bordetella

\_\_\_\_/\_\_\_\_/\_\_\_\_ \*Bordetella

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Distemper

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Distemper

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Hepatitis

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Hepatitis

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Parvovirus

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Parvovirus

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Parainfluenza

\_\_\_\_/\_\_\_\_/\_\_\_\_ \* Parainfluenza

\*Signature of person who administered the above vaccinations:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### C. Dog License — (\* Required)

Date Issued:

Tag #

Issuing County

: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

\*Signature of person who administered the above License:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



We certify that the above information is accurate and complete:

\_\_\_\_\_

4-H Member signature

\_\_\_\_\_

Parent/Guardian Signature