

DOG HEALTH FORM

1. Complete this form for each dog registered for a state level 4-H event.
2. All dogs shall be vaccinated against rabies not less than fourteen days nor more than twelve months prior to date of consignment if a killed vaccine is used. All dogs vaccinated with an approved 3-year immunity vaccine qualifies for exhibition if the dog is one year of age or older when vaccinated.
3. Current distemper, hepatitis, and parvovirus vaccinations are required for all dogs unless otherwise noted on the Kentucky 4-H Dog Health Form by the dog's veterinarian (e.g., titer). Bordetella vaccination is recommended, but not required. All vaccinations must be administered by a licensed, accredited veterinarian. All dogs must be free of fleas and ticks, on a flea and tick preventative, and tested negative for worms and/or on a worming treatment or preventative.
4. This form is valid for one year. For the avoidance of doubt, all dogs must be seen by a licensed veterinarian within one year of all state dog events.

See Kentucky 4-H Dog Rule Book for more information.

4-H Member and Dog Information

4-H Member's Name	
County	
Dog's Name	
Breed	
Color	
Sex	
Birth Date of Dog	
Name of Dog Owner	
Address of Dog Owner	

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Disabilities
accommodated
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Vaccination/Examination Record

	Serial Number of Vaccination	Date of Vaccination or Test	Expiration of Vaccination
Rabies			
Distemper			
Hepatitis			
Parvovirus			
Bordatella (Optional)			
Flea/Tick Preventive	Type:	Date Prescribed:	
Negative Fecal Test/Worming and/or Worming Treatment or Preventative	Date of Test:	Type Prescribed (if applicable):	Expiration Date of Treatment:

I certify as an accredited veterinarian that the above described animal has been inspected by me and that they are not showing signs of infection or communicable disease (except if noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animal listed on this certificate meets the state of destination and federal interstate requirements.

Veterinarian's Signature	
Date	
Print Name and Accreditation Number	
Clinic Name	
Phone	

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DOG ELIGIBILITY FORM

(To be completed by Exhibitor)

Exhibitors and parents/guardians must read the statement at the bottom of this section and sign to verify that they have: (1) read the Kentucky 4-H Dog Rule Book and agree to abide by it, (2) the exhibitor has completed or plans to complete 6 hours of educational training under the coordination of the county Certified Dog Leader for the current Program Year (September 1 – State 4-H Dog Show Event Date). This form **MUST** be turned into your County 4-H Extension Agent by May 1 annually.

Exhibitor's Name:

County:

Phone:

Email Address:

Mailing Address:

City, State, Zip Code:

Years Enrolled in the 4-H Dog Program:

Dog's Name:

Dog's Age:

Dog's Prominent Breed:

Color and Markings (attach photos of dog as indicated below):

Sex: Male Neutered Male Female Spayed Female

Signatures Required: We verify that (1) we have read the Kentucky 4-H Dog Rule Book and agree to abide by it; (2) the exhibitor has completed plans to complete 6 hours of educational training under the coordination of the local Certified Volunteer Leader for the current Program Year (September 1 – current date State 4-H Dog Show Event Date).

Exhibitor's Signature: _____ Date: _____

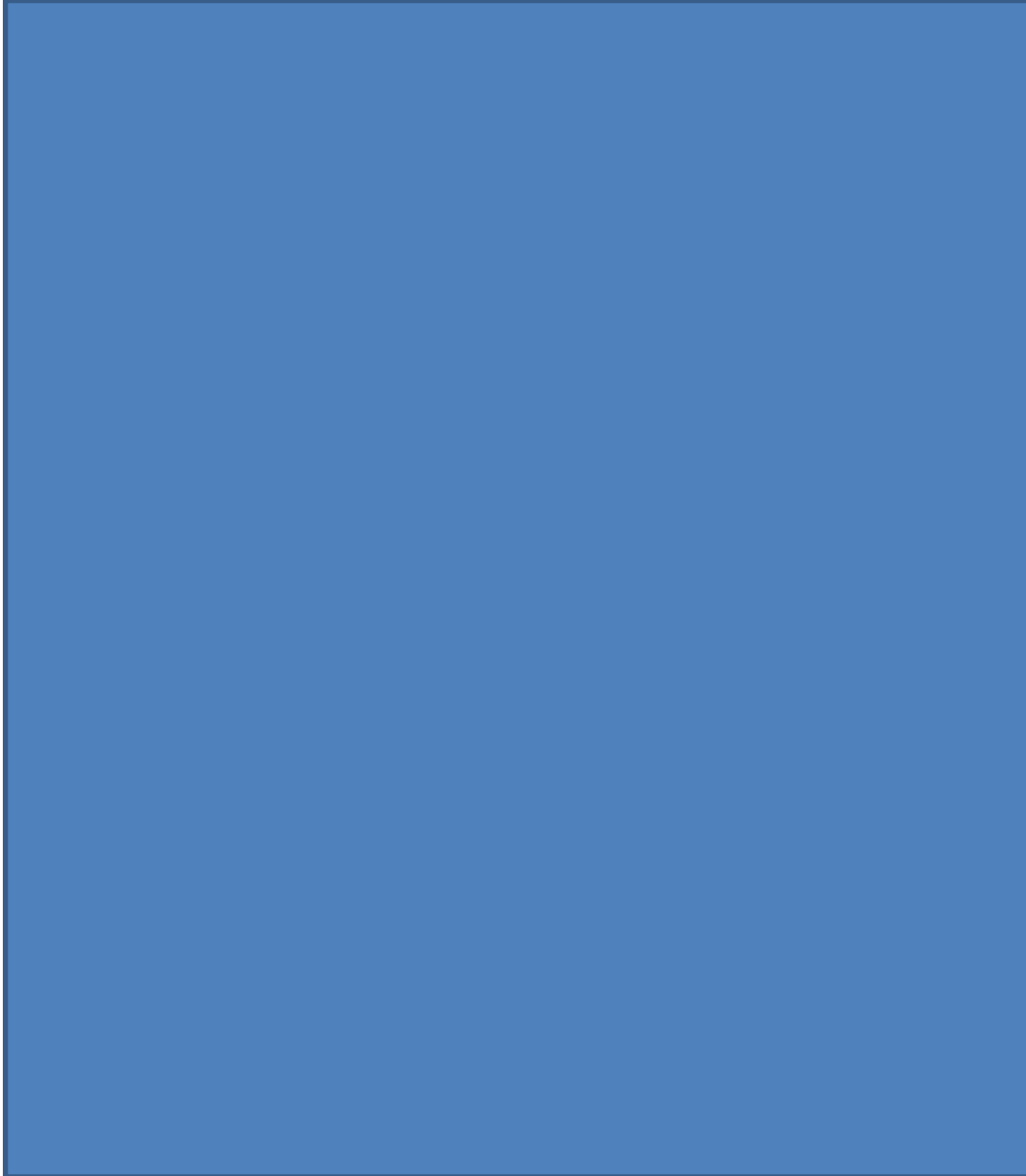
Parent/Guardian's Signature: _____ Date: _____

County Agent Signature: _____ Date: _____

Please see additional pages of form for photo requirements.



Front View



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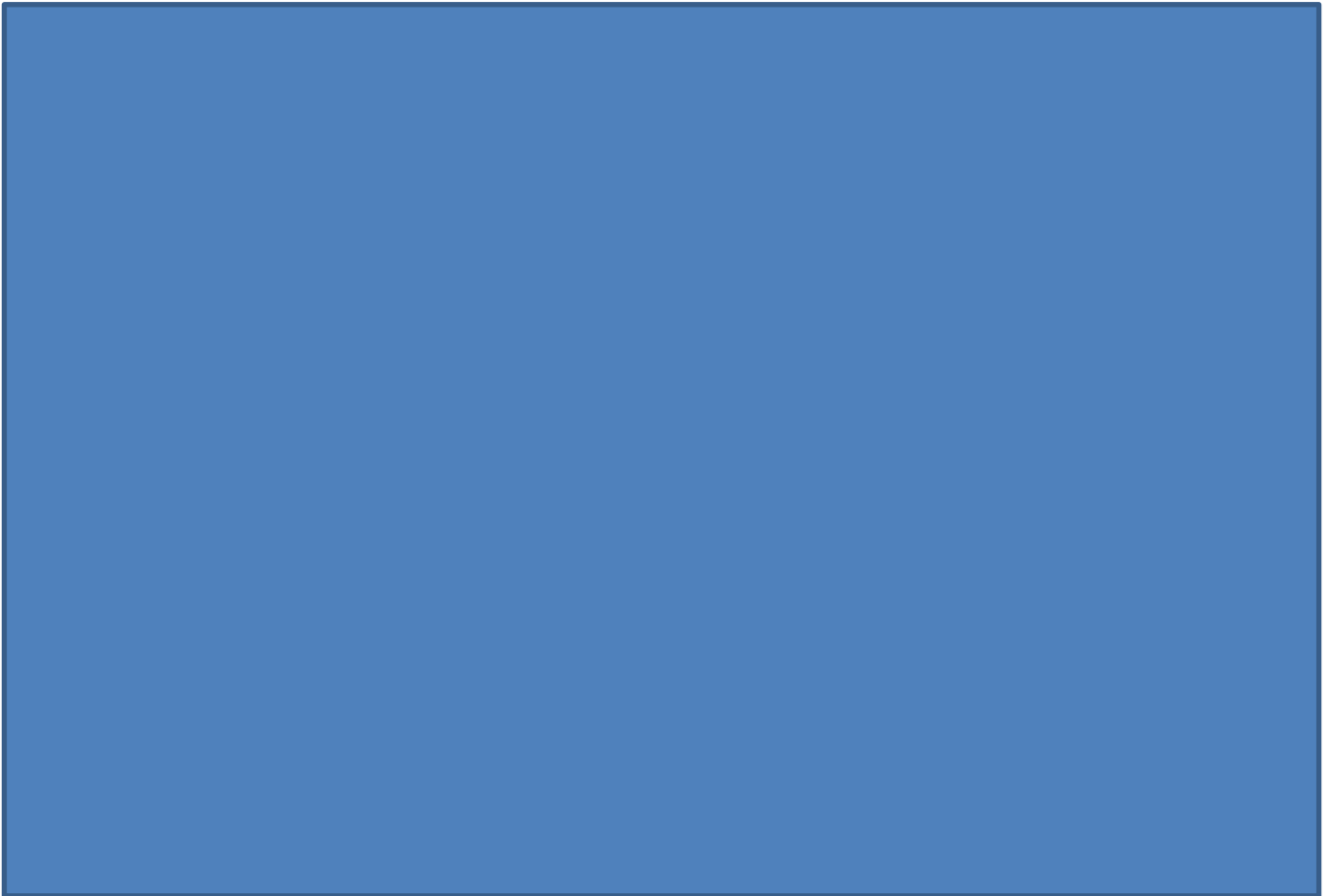
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Side View



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