

BROWN COUNTY 4-H DOG PROJECT SHOT RECORD

4-H Member's Name: _____

Dog's Name: _____

Sex: Male Male (neutered) Female Female (spayed)

Predominant Breed: _____ Height at Shoulders: _____

Weight: _____ Age: _____

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 ____/____/____

*Signature of person who administered the above vaccination:



Clinic Stamp

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

Date Vaccination Given to Dog Date Vaccination Expires for Dog

____/____/____ * Distemper ____/____/____

____/____/____ * Hepatitis ____/____/____

____/____/____ * Parvovirus ____/____/____

____/____/____ * Parainfluenza ____/____/____

*Signature of person who administered the above vaccinations:



C. Vaccinations (Recommended — may be given by a veterinarian or another person)

Date Vaccination Given to Dog Date Vaccination Expires for Dog

____/____/____ * Leptospirosis ____/____/____

____/____/____ * Bordetella ____/____/____

*Signature of person who administered the above vaccinations:



Clinic Stamp, if given at clinic

We certify that the above information is accurate and complete:

4-H Member **signature**

Parent/Guardian **signature**

****Please attach Rabies shot record from vet behind this sheet for each dog.