

**Nebraska 4-H
Certificate of Vaccination for Dogs**

Exhibitor's Name _____ County _____

Address _____
(Street or P.O. Box) (City) (Zip)

Dog's Name _____ Age _____ Birth Date _____

Male Female Spayed/Neutered Breed _____

Color/Markings _____

**RABIES VACCINATION MUST BE GIVEN BY A CERTIFIED VETERINARIAN. ALL OTHER
VACCINATIONS DO NOT NEED TO BE GIVEN BY A CERTIFIED VETERINARIAN. IF
VACCINATIONS WERE GIVEN BY SOMEONE OTHER THAN YOUR VETERINARIAN,
PLEASE ATTACH THE LABELS AND SIGN THE FORM BELOW.**

Vaccinations required for Nebraska State Fair Dog Show: All required vaccinations must be given within 1 year of the show date.

Vaccination	Date Given	Vaccination	Date Given
Rabies	_____	Distemper	_____
1 year <input type="checkbox"/>			
3 year <input type="checkbox"/>		Infectious canine hepatitis	_____
Rabies Tag No.	_____	Parvovirus	_____
		Bordetella	_____

If vaccinations other than rabies not provided by veterinarian, signature of vaccination provider.

Name _____

Signature _____ Date _____

I hereby verify that I am a licensed, accredited veterinarian and have vaccinated the above dog.

Clinic Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Administering Veterinarian's Name _____

Veterinarian's Signature _____ Date _____