

## **Kansas 4-H Dog Show Immunization Record**

	County/District:	Year
	ZIP Code:	Phone:
	Emergency Contact	Phone:
	Sex: M	M (neutered) F F (spayed)
	Height at S	houlders:
	Weight:	
y a veterinarian)		
Date Vaccination Ex	pires for Dog	
//	*Rabies	
ve vaccination:		
		Clinic Stamp
y a veterinarian or anoth	ner person)	
Date Vaccination Ex	pires for Dog	
///	*Bordetella	
///	* Distemper	
///	* Hepatitis	
///	* Parvovirus	
///	* Parainfluenza	Clinic Stamp, if given at a clinic
ve vaccinations:		chine stamp, ii given at a chine
en by a veterinarian or a	nother person)	
Date Vaccination <u>Ex</u>	pires for Dog	
////	Leptospirosis	
///////	Coronavirus	
ve vaccinations:		
		Clinic Stamp, if given at a clinic
and complete:		
	y a veterinarian)  Date Vaccination Ex //  ve vaccination:  Date Vaccination Ex ///////  ve vaccinations:  en by a veterinarian or a  Date Vaccination Ex ///  ve vaccinations:  en by a veterinarian or a  Date Vaccination Ex //  ve vaccinations:	ZIP Code:

The State of Kansas Companion Animal Health Certificate is acceptable in lieu of this form.