



NH 4-H Dog Show Health Sheet

To be filled in by 4-H member:

4-H Member's Name: _____

Address: _____ County _____

DOGS MUST BE IN GOOD HEALTH

Dog's Name: _____

Age: _____ Sex: _____ Breed: _____

Vaccinations - Dates Given:

Distemper (DA2PP) _____

Lyme _____

Bordatella (Kennel Cough) _____

Other _____

To be filled in by a veterinarian OR attach a copy of a valid rabies certificate.

The above dog has been inoculated against rabies on* _____
Date

Veterinarian's Signature

Owner's Signature

Date

*If showing dog in New Hampshire, rabies inoculation must be within 36 months; if showing dog in Massachusetts (ESE), rabies inoculation must be within 36 months.

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