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.