



COLORADO 4-H DOG IDENTIFICATION FORM

Member's Name _____ (Cell) or Phone _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____ Email _____
 Name of dog _____ Color and markings _____ Dog's Date of birth _____
 Breed: _____ Registered: ___ Yes; ___ No; Registered Name: _____
 Sex: ___ Male; ___ Female; Spayed or Neutered? ___ Yes ___ No; Dog License # (if applicable) _____
 Rabies Tag Number _____ You may attach a picture of your dog w/this form

HOME IMMUNIZATION RECORD:

If you give your own immunizations, please write in the serial number from vaccine bottles and the date that you gave the shot to your dog.

Distemper _____ Para Influenza _____ Parvo Virus _____
 Leptospirosis _____ Hepatitis _____ Bordetella _____
 Administered by _____
 (Signature) (Date)

VETERINARIAN IMMUNIZATION RECORD:

You may have your veterinarian fill this part out or you may attach a photocopy of your shot record

The signatures above and below ALL must be completed prior to exhibition.

| DISEASE | DATE VACCINATED | DUE DATE OF NEXT VACCINATION |
|-----------------------------------------------------------------------------|-----------------|------------------------------|
| RABIES <input type="checkbox"/> - 1 yr; <input type="checkbox"/> - 3 yr. | | |
| DISTEMPER | | |
| LEPTOSPOROSIS | | |
| HEPATITIS | | |
| PARA-INFLUENZA | | |
| PARVO VIRUS | | |
| BORDETELLA (Kennel Cough) | | |

Any sign of a communicable disease will result in the dog being sent home.

Date Signature of 4-H member

Veterinarian's Signature

Date Signature of 4-H Parent/Guardian
(verifies the above is complete & accurate)

Address

Date Signature of 4-H Office
(verifies County 4-H Dog membership)

City State Zip

Date Signature of 4-H Leader/Trainer

This 4-H Dog should be shown at the following level:

Obedience _____

Showmanship _____

Rally _____

