

University of Kentucky College of Agriculture, Food and Environment Cooperative Extension Service

## 4-H Youth Development

## Kentucky 4-H Dog Health Form

- 1. Complete this form for each dog registered for a regional and/or state level 4-H event.
- 2. All dogs shall be vaccinated against rabies not less than fourteen days nor more than twelve months prior to date of the event if a killed vaccine is used. All dogs vaccinated with an approved 3-year immunity vaccine may participate if the dog is one year of age or older when vaccinated.
- 3. Current distemper, hepatitis, and parvovirus vaccinations are required for all dogs *unless otherwise noted on the KY 4-H Dog Health Form by the dog's veterinarian (e.g., titer)*. Bordetella vaccination is recommended, but not required. All vaccinations must be administered by a licensed, accredited veterinarian. All dogs must be free of fleas and ticks, on a flea and tick preventative, and tested negative for worms and/or on a worming treatment or preventative.
- 4. This form is valid for one year. For the avoidance of doubt, all dogs must be seen by a licensed veterinarian within one year of all regional/state dog events. See Kentucky 4-H Dog Rule Book for more information.

4-H Member's Name			_
County			
Dog's Name			_
Breed	Color	Sex	
Birth Date of Dog			
Name of Dog Owner			_
Address of Dog Owner			
Vaccination/Examination Record			
	Serial Number of Vaccination	Date of Vaccination or Test	Expiration of Vaccination
Rabies			
Distemper			
Hepatitis			
Parvovirus			
Bordatella (Optional)			
Flea/Tick Preventive	Type:	Date Prescribed:	
Negative Fecal Test/Worming and/or Worming Treatment or Preventative	Date of Test:	Type Prescribed (if applicable):	Expiration Date of Treatment:
I certify as an accredited veterinarian that the above described animal has been inspected by me and that they are not showing signs of infection or communicable disease (except if noted). The vaccinations and results of tests are as indicated on the certificate.			
Veterinarian's Signature: Date:			
Print Name and Accreditation Number:			
Clinic Name:			
Phone:			

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