



**This form must be uploaded to 4HOnline before attending project meeting or by June 1.**

**Dog Identification**

County: \_\_\_\_\_

4-H Youth ID # \_\_\_\_\_

4-H Youth Name \_\_\_\_\_

Dog's Call Name \_\_\_\_\_

Dog's Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Mo/Day/Yr

Predominant Breed \_\_\_\_\_

Sex:       Male                       Neutered Male  
             Female                       Spayed Female

Height of dog in inches \_\_\_\_\_

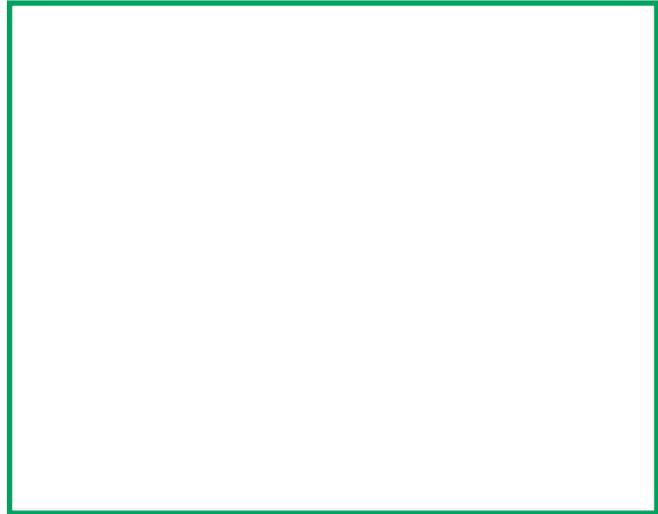
This dog is leased to the 4-H member, and owner certifies member has permission to train dog identified on this form.

\_\_\_\_\_

Signature of Owner

**Photo of Dog**

(paste digitally or attach and scan document for 4HOnline)



**Vaccination Certificate**

**Members:** Take this form to your veterinarian. This Vaccination Certificate must be completed and signed by a licensed, accredited veterinarian. All dogs MUST have current rabies vaccinations. Your veterinarian must document on this form whether your dog's Rabies vaccination is current for 1 year, 2 years, or 3 years by filling in the "Date Expires" blank.

Additionally, a current Distemper, Hepatitis, Leptospirosis, Parainfluenza, and Parvovirus (DHLPP) is required for 4-H dogs, unless otherwise noted, either by titer or dog is unfit for vaccination, below by veterinarian. In case of vaccination being waived by a veterinarian or a titer, proof must be included with this form.

**Rabies:** Product \_\_\_\_\_

Date Given \_\_\_\_\_ Date Expires \_\_\_\_\_ Serial # \_\_\_\_\_

**DHLPP:** Product \_\_\_\_\_

Date Given \_\_\_\_\_ Date Expires \_\_\_\_\_ Serial # \_\_\_\_\_

With the exception of Rabies, specific vaccination requirements may be waived if the veterinarian initials the applicable box below.

Does not give Leptospirosis vac.                       Other, please list \_\_\_\_\_

Follows AAHA recommendations

**Clinic Information**

Clinic Name \_\_\_\_\_ Clinic Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Administering Veterinarian's Name \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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