

Custer County 4-H Dog Proof of Vaccination Form

Handler:			
Address:			
City:	State:	Zip:	
Phone number:			
Parent/Guardian:			
Address (If different):			
City:	State:	Zip:	
Phone number:			
Dog Owner:			

Species	Sex	Spay/Neuter	Age	Weight	Breed
Dog	Male Female	Yes No			
Animal's name:					

Vaccine	Manufacturer	Date given:	Given by:	Expires
Required:				
Distemper				
Adenovirus				
Parvovirus				
Bordatella				
Rabies				
Rabies Tag Number				
Recommended, but not required:				
Coronavirus				
Parainfluenza				
Leptosporosis				
Other (list):				
Signature:			Date:	
Dog License:				
County/City:		Year:	Tag Number:	