



Kentucky 4-H Dog Health Form

1. Complete this form for each dog registered for the KY 4-H Dog Camp, county 4-H dog shows, and/or the State 4-H Dog Show.
2. Attach a KY Department of Agriculture Small Animal Certificate of Veterinary Inspection (CVI) to this Form. Both the CVI and this Form are required to travel with the dog and must be presented at the event registration. The CVI can be obtained from a licensed, accredited veterinarian. Make copies of all forms and bring to Dog Camp and the State and County 4-H Dog Shows.
3. All dogs shall be vaccinated against rabies not less than fourteen (14) days nor more than twelve (12) months prior to date of consignment if a killed vaccine is used. All dogs vaccinated with an approved 3-year immunity vaccine qualifies for exhibition if the dog is 1 (one) year of age or older when vaccinated. The rabies vaccine is reported on the CVI.
4. 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. Veterinarian protocol for vaccinations will be followed. 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 and the CVI are valid for one (1) year. For the avoidance of doubt, all dogs must be seen by a licensed veterinarian within one year of all state dog events.
5. See Kentucky 4-H Dog Rule Book for more information.

4-H Member's Name _____
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
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 animals have 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. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements.

Veterinarian's Signature: _____ Date: _____

Print Name and Accreditation Number: _____

Clinic Name: _____

Address: _____

Phone: _____