



Kenosha County 4-H Dog Project

2018 Dog Health & Vaccination Requirement Form

Members, please take this vaccination form to your veterinarian to be completed. **We require a copy from your veterinarian of your dog's current vaccinations, fecal test, heartworm test and proof of purchase of heartworm preventative.** These requirements are for the safety and well being of all the dogs that attend our project. Your dog will **not** be allowed on the training grounds without the above mentioned proof. If your dog cannot receive any of the required vaccinations, please submit a written and signed letter from your veterinarian stating the reason why.

Member name (Please print): _____

Parent or guardian (Please print): _____ Phone: _____

Dogs Owner (if not member or parent): _____

Dogs Name: _____ Age: _____

Breed: _____ Color: _____

Dog's Sex: Male Female Is your dog spayed or neutered? Yes No

Veterinarians, these are the requirements for the dogs in our project.

Vaccinations: **Date Vaccination Given**

Rabies 1 or 3 year: _____

DHLP 1 or 3 year: _____

Parvo Virus (annual): _____

Bordetella (annual): _____

Tests: **Date Tested**

Fecal: Neg. or Pos. _____

If positive, list wormer used and worming schedule. _____

Heartworm Test: _____

Heartworm Preventative: _____

Months Purchased: April May June July August Year-round

Veterinary Clinic Name: _____

Address: _____

Email: _____ Phone: _____

Members, please note: This form must be turned in by the March project meeting. Attach a copy of your dog's vaccination, Heartworm preventative & test records to this form.