4-H DOG HEALTH CERTIFICATE/SHOT RECORD

MEMBER'S NAME ________________________________

ADDRESS ______________________________________

PHONE ___________________ 4-H CLUB ___________ COUNTY ___________

LEADER ___________________________ LEADER'S PHONE __________________

DOG'S NAME _______________________ BREED ____________________________

AGE ___________________ SEX ___________________ NEUTERED _____________

These shots must be valid as of at least 30 days before the show date:

DHLPP (Distemper, Hepatitis, Leptospirosis, Parainfluenza and Parvo): This group of 5 diseases may be covered with a single injection; the injection should be repeated 3-4 weeks after the first as directed by the attending veterinarian and then annually.

Initial Puppy Series completed:

Date ________________ Veterinarian ________________________________ (signed)

DHLPP Boosters (given annually)

Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)

Corona Virus: Initially, the series consists of two shots: the second one following the first about two weeks later, then an annual booster.

Initial Series completed:

Date ________________ Veterinarian ________________________________ (signed)

Annual Boosters

Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)
Date ________________ Veterinarian ________________________________ (signed)

COOPERATIVE EXTENSION
Washington State University
Rabies: An approved rabies vaccine should be given after the puppy is 3 months old and repeated at 36-month intervals.

Date ___________________  Veterinarian ______________________________ (signed)

Date ___________________  Veterinarian ______________________________ (signed)

Fecal Exam: Fecal exam recommended within 30 days of Western Washington Fair.

Date ___________________  Results _________________________________

If positive, type of worm __________________________  Treatment __________________________

________________________________

I hereby certify that the above-named dog is free from evidence of infections or contagious diseases as of:

Date ___________________  Veterinarian ______________________________ (signed)

Certification No. __________________________

College of Agriculture and Home Economics, Pullman, Washington