

2020 Jr. 4-H Summit County Fair Dog Project Identification Form and Vaccination Certificate
Show Date Tuesday, July 28 at 3pm

IDENTIFICATION FORM (To be completed by Exhibitor) Exhibitors: Complete this identification form. Exhibitors, parents/ guardians must read the statement at the bottom of this section and sign to verify reading the 2020 Summit County Fair Requirements and agree to abide by them.

Exhibitor's Name _____ Mailing Address _____

City _____ State _____ Zip _____

Dog's Call Name _____ Dog's Birth Date _____

Predominant Breed _____ Age Mo./Day/Yr. _____

Color & Markings _____ Sex: Male Neutered Male Female Spayed Female

Dog License Tag No. _____ (Must list tag number)

Signatures Required: We verify we have read the 2020 Summit County Project Requirements, Fair Dog Show/Show Venue Rules, and agree to abide by these rules. We are signing this as a release

Exhibitor's Signature _____ Parent/Guardian Signature _____

Date Signed _____

VACCINATION CERTIFICATE VETERINARIAN MUST COMPLETE THIS SECTION

Exhibitors: Take this form to your veterinarian! This Vaccination Certificate **MUST** be completed and **signed and stamped** by a licensed veterinarian. All dogs **MUST** have current rabies vaccinations. Your veterinarian must document on this form that your dog's Rabies vaccination is current by filling in the "Date Expires" blank. Additionally, the Ohio 4-H Dog Program requires all dogs have current vaccinations for Distemper, Hepatitis, Leptospirosis, Parainfluenza, and Parvovirus. Bordetella vaccination is recommended, but not required. Veterinarian protocol for vaccinations will be followed. All vaccinations must be administered by a licensed veterinarian

Rabies _____
Date Given _____ Date Expires _____
Product _____ Serial # _____

With the exception of Rabies, specific vaccination requirements may be waived as noted by veterinarian in the space below.

DHLPP _____
Date Given _____ Date Expires _____

Clinic Information
Clinic Name _____ Mailing Address _____
City _____ State _____ Zip _____ Clinic # _____

Veterinarian's Name _____ Veterinarian's Signature _____

Date _____ This certificate is an acceptable Certificate of Vaccination at the Summit County Fair Dog Show.