

**2019 Jr. 4-H Summit County Fair Dog Project Identification Form and Vaccination Certificate**  
**Show Date Tuesday, July 23 at 1pm**

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 2019 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 \_\_\_\_\_

Age Mo./Day/Yr. \_\_\_\_\_

Predominant Breed \_\_\_\_\_

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 2019 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 ENTIRE SECTION!! Exhibitors: Take this form to your veterinarian! This Vaccination Certificate MUST be completed and signed 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 # \_\_\_\_\_

**DHLPP**

Date Given \_\_\_\_\_ Date Expires \_\_\_\_\_

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

Clinic Information

Clinic Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Administering Veterinarian's Name \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_

Date Clinic Phone ( ) This certificate is also an acceptable Certificate of Vaccination at the Summit County Fair Dog Show. \_\_\_\_\_