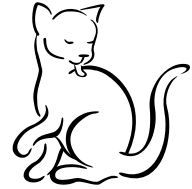


St. Joseph County 4-H Youth Program
St. Joseph County, Michigan



Certification of 3 in 1 or 4 in 1 Vaccination

4-H Cat Care

4-H Member Name _____

4-H Club _____

Street/PO Box _____

City _____ State _____ Zip Code _____

Phone Number _____

Parent(s)/Guardian(s) Name(s) _____

Cat Name _____ Breed _____

Vaccine Manufacturer _____

Vaccine Batch Number _____ Vaccination Expiration Date ____ / ____ / ____

Date Vaccine Was Administered ____ / ____ / ____

Date Booster* Was Administered ____ / ____ / ____

* Boosters are required if a cat/kitten has never been vaccinated. The booster is to be administered three (3) weeks after the first shot.

I certify that I administered 3 in 1 or 4 in 1 vaccine to the above noted cat on the date specified.

Signature of veterinarian/individual who administered vaccine

____ / ____ / ____
Date

I certify that the above information is accurate and correct to best of my knowledge.

Signature of 4-H member

____ / ____ / ____
Date