4-H Dog Care & Training Project

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

Certification of Rabies & DHLP Vaccination

Attention: This form must be submitted to your 4-H club organizational leader by the ***August*** 4-H fair entry deadline.

4-H Member Name _____

4-H Club _____

Street/P.O. Box No. _____

City _____ State _____ Zip Code _____

Phone No. _____

Parent(s)/Guardian(s) Names _____

Dog Name _____ Breed _____

Rabies Vaccine Manufacturer _____

Vaccine Batch No. _____ Vaccination Expiration Date _____/_____/_____

Date vaccine was administered _____/_____/_____

DHLP Vaccine Manufacturer _____

Vaccine Batch No. _____ Vaccination Expiration Date _____/_____/_____

Date vaccine was administered _____/_____/_____

I certify that I administered Rabies and/or DHLP vaccine(s) to the above noted dog on the date specified.

_____ _____/_____/_____
Signature of individual who administered vaccine(s) Date

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

_____ _____/_____/_____
Signature of 4-H member Date

M:\Dogs\Rabies & DHLP Vaccination Certification Form