



# 4-H Canine Health Form

## Member Information

Name \_\_\_\_\_ 4-H Age \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

## Dog Information

Dog's Name \_\_\_\_\_ DOB/AGE \_\_\_\_\_

Dog's Breed \_\_\_\_\_

Description \_\_\_\_\_

My dog is a: Male  Female  Spayed/Neutered? Yes  No

\*NOTE\* You must have a copy of your Dog License and Rabies Certificate with you at all times when training and showing your dog.

## This section must be completed by your Veterinarian

All dogs must be current on vaccines for Distemper and Rabies and must have had a negative Heartworm Test and Fecal within one year of the show.

	Date given	Date due
Distemper		
Rabies		

Heartworm test \_\_\_\_\_ Result \_\_\_\_\_

Fecal Test \_\_\_\_\_ Result \_\_\_\_\_ If positive, date of treatment: \_\_\_\_\_

This animal appears to be healthy and without external parasites

Veterinary Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian \_\_\_\_\_ Signature \_\_\_\_\_