



2009 \_\_\_\_\_ County Dog Project Identification Form and Vaccination Certificate



**Identification Form**

*(To be completed by Exhibitor)*

**Exhibitors:** Complete this identification form. Exhibitors, parents or guardians must read the statement at the bottom of this section and sign to verify reading the 2009 \_\_\_\_\_ County Project Requirements (and 2009 Ohio State Fair Dog Show Rules, if applicable) and agree to abide by them.

Exhibitor's Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

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

Dog's Call Name \_\_\_\_\_

Dog's Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Mo./Day/Yr.

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

Color & Markings \_\_\_\_\_

Gender:  Male  Neutered Male  Female  Spayed Female

Dog License Tag No. \_\_\_\_\_ (At OS Fair, you must bring license certificate to Health Check and dog must be licensed in your county of residence.)

**Signatures Required:** We verify that we have read the 2009 \_\_\_\_\_ County Project Requirements and, if showing at the Ohio State Fair, the 2009 Ohio State Fair Junior Fair Dog Show Rules, and agree to abide by these rules.

Exhibitor's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

(Note: This Dog Project ID Form and Vaccination Certificate is acceptable at the Ohio State Fair Dog Show on August 1 and August 3-6, 2009.)

**Vaccination Certificate**

*(To be completed by Veterinarian)*

**Exhibitors:** Take this form to your veterinarian. This Vaccination Certificate must be completed and signed by a licensed, accredited veterinarian. The Ohio Department of Agriculture requires dogs to have current Rabies vaccinations. Your veterinarian must document on this form whether your dog's Rabies vaccination is current for 1 year or 3 years by filling in the "Date Expires" blank. Additionally, the \_\_\_\_\_ County 4-H Dog Program requires that all dogs be vaccinated yearly for Distemper, Hepatitis, Leptospirosis, Parainfluenza, and Parvovirus for exhibition at the \_\_\_\_\_ County Fair Dog Show, unless otherwise noted below by veterinarian. All vaccinations must be administered by a licensed, accredited veterinarian. All vaccinations must be current through \_\_\_\_\_ for county judging and current through August 6, 2009 for showing in the Ohio State Fair Dog Show.

**Rabies**

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

Product \_\_\_\_\_ Serial # \_\_\_\_\_

**DHLPP**

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

Product \_\_\_\_\_ Serial # \_\_\_\_\_

With the exception of Rabies, specific vaccination requirements may be waived if the veterinarian initials the applicable box below.

Does not give Leptospirosis vac.  Other, please list \_\_\_\_\_

Follows AAHA recommendations \_\_\_\_\_

**Clinic Information**

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

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

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

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

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

Date \_\_\_\_\_ Clinic Phone (\_\_\_\_) \_\_\_\_\_