SDSU Extension

South Dakota 4-H Dog Project ID Affidavit and Vaccination Verification

Deadline: June 1

Updated: February 2018

This form must be uploaded to 4HOnline before attending project meeting or by June 1

Dog Identification

County:_____

4-H Youth ID # _____

4-H Youth Name _____

Dog's Call Name _____

Dog's Birth Date _____ Age _____
Mo/Day/Yr

Predominant Breed _____

Sex: ❑ Male ❑ Neutered Male
❑ Female ❑ Spayed Female

Height of dog in inches _____

❑ This dog is leased to the 4-H member, and owner certifies member has permission to train dog identified on this form.

_____
Signature of Owner

Photo of Dog

(paste digitally or attach and scan document for 4HOnline)

Vaccination Certificate

Members: Take this form to your veterinarian. This Vaccination Certificate must be completed and signed by a licensed, accredited veterinarian. All dogs MUST have current rabies vaccinations. Your veterinarian must document on this form whether your dog's Rabies vaccination is current for 1 year, 2 years, or 3 years by filling in the "Date Expires" blank.

Additionally, a current Distemper, Hepatitis, Leptospirosis, Parainfluenza, and Parvovirus (DHLPP) is required for 4-H dogs, unless otherwise noted, either by titer or dog is unfit for vaccination, below by veterinarian. In case of vaccination being waived by a veterinarian or a titer, proof must be included with this form.

Rabies: Product _____
Date Given_____ Date Expires _____ Serial # _____

DHLPP: Product _____
Date Given_____ Date Expires _____ 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.
❑ Follows AAHA recommendations
❑ Other, please list _____

Clinic Information

Clinic Name _____ Clinic Phone (_____) _____
Mailing Address _____
City _____ State _____ Zip _____
Administering Veterinarian's Name _____

Veterinarian's Signature _____ Date _____

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Learn more at iGrow.org.

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