



**2017 OHIO STATE FAIR COMPANION ANIMAL DAY  
 CERTIFICATE OF VACCINATION for CATS and FERRETS  
 Friday, July 28  
 Youth Center**

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

Address \_\_\_\_\_  
 (Street or P. O. Box) (City) (Zip)

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
 (Month/Day/Year)

Male [ ] Female [ ] Spayed/Neutered [ ] Species/Breed \_\_\_\_\_

Color/Markings \_\_\_\_\_

**THE INFORMATION BELOW IS TO BE COMPLETED & SIGNED BY YOUR VETERINARIAN.**

VACCINATIONS REQUIRED\* FOR OHIO STATE FAIR COMPANION ANIMAL DAY JUDGING for CATS and FERRETS: All required vaccinations must be given by a licensed veterinarian and must be current through July 28, 2017. *To show, cats must be 15 weeks old and ferrets must be 12 weeks old by July 28, 2017.*

| <u>Feline Vaccinations</u>             | <u>Date Vaccination Given</u> | <u>Ferret Vaccinations</u>            | <u>Date Vaccination Given</u> |
|--|-------------------------------|---------------------------------------|-------------------------------|
| Rabies – 1 year or 3 yrs. (circle one) | _____                         | Rabies – 1 yr. or 3 yrs. (circle one) | _____                         |
| Must list Rabies Tag No.               | _____                         | Must List Rabies Tag No.              | _____                         |
| Panleukopenia (FPL)                    | _____                         | Canine Distemper (CDV)                | _____                         |
| Viral Rhinotracheitis (PVR)            | _____                         |                                       |                               |
| Calciavirus (FCV)                      | _____                         |                                       |                               |
| Feline Leukemia (FeLV) - recommended   | _____                         |                                       |                               |

\*With the exception of Rabies, the above vaccination requirements may be waived depending on the veterinarian's recommendations for this individual animal. If a vaccination is waived, please state the reason in the area below. *FeLV is recommended, not required.*

I hereby verify that I am a licensed veterinarian and have vaccinated the above cat or ferret.

Clinic Name \_\_\_\_\_ Clinic Phone (\_\_\_\_) \_\_\_\_\_

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

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

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

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