2020 County Dog Projec	t Identification Form and Vaccination Certificate
Show Date	
IDENTIFICATION FORM (To be completed by Exhibitor) Exhibitors: Complete this identification form. Exhibitors, parents/	VACCINATION CERTIFICATE - VETERINARIAN MUST COMPLETE THIS ENTIRE SECTION!! Exhibitors: Take this form to your veterinarian! This Vaccination
guardians must read the statement at the bottom of this section and sign to verify reading the 2020 County Project Requirements (and 2020 Ohio State Fair Dog Show Rules/Show Venue Rules, if applicable) and agree to abide by them, and having a 2020 Permission to Participate form on file in the county Extension office.	Certificate MUST be completed and signed by a licensed veterinarian. All dogs MUST have current rabies vaccinations. Your veterinarian must document on this form that your dog's Rabies vaccination is current by filling in the "Date Expires" blank. Additionally, the Ohio 4-H Dog Program requires all dogs have current vaccinations for Distemper, Hepatitis, Leptospirosis, Parainfluenza, and Parvovirus for exhibition at the Ohio State Fair Dog Show. Bordetella vaccination is
Exhibitor's Name	recommended, but not required. Veterinarian protocol for vaccinations will be followed. All vaccinations must be administered by a licensed veterinarian. For the
County Enrolled in 4-HPhone ()	Ohio State Fair Dog Show, all vaccinations must be current through August 8, 2020.
Mailing Address	Rabies Date Given
CityStateZip	Product Serial #
Dog's Call Name	DHLPP
Dog's Birth Date Age	Date GivenDate Expires
Mo./Day/Yr. Predominant Breed	With the exception of Rabies, specific vaccination requirements may be waive as noted by veterinarian in the space below.
Color & Markings	
Sex: [] Male [] Neutered Male [] Female [] Spayed Female	
Dog License Tag No. (Must list tag number)	
Signatures Required: We verify we have read the 2020 County	Clinic Information
Project Requirements, and if showing at the OSF, the 2020 Ohio State Fair Jr. Fair Dog Show/Show Venue Rules, and agree to abide by these rules. We have a signed	Clinic Name Mailing Address
2020 Permission to Participate in Ohio 4-H Dog Activities Disclosure and Release of Claims form on file in our county Extension office, and agree to be bound by the terms set forth therein.	CityStateZip
Exhibitor's Signature	Administering Veterinarian's Name
Parent/Guardian Signature	Veterinarian's Signature
Date Signed	DateClinic Phone ()
THIS FORM IS ONE-SIDED. THE BACK SIDE IS INTENTIONALLY LEFT BLANK.	This certificate is also an acceptable Certificate of Vaccination at the Ohio State Fair Dog Show.