

VACCINATION RECORD - DOG

EXHIBITORS NAME: _____

CLUB NAME: _____

Vaccination	** Rabies	Distemper	Leptosprosis	Hepatitis	Corona Virus	Para-Influenza	Parvo Virus	Other
Dog 1 Dates								
Dog 2 Dates								

Vaccination Record – REQUIRED

Note: Attach a copy of your veterinarians signed rabies certificate.

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