

2024 Wayne County Dog Project Identification Form and Vaccination Certificate
Show Date Thursday, September 12, 2024

IDENTIFICATION FORM

(To be completed by Exhibitor)

Exhibitors: Complete this identification form. Exhibitors, parents/guardians must read the statement at the bottom of this section and sign to verify reading the 2024 Wayne County Project Requirements (and 2024 Ohio State Fair Dog Show Rules/Show Venue Rules, if applicable) and agree to abide by them.

Exhibitor's Name _____

County Enrolled in 4-H _____ Phone (____) _____

Mailing Address _____

City _____ State _____ Zip _____

Dog's Call Name _____

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

Predominant Breed _____

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 2023 Wayne County Project Requirements, and if showing at the OSF, the 2023 Ohio State Fair Jr. Fair Dog Show/Show Venue Rules, and agree to abide by these rules.

Exhibitor's Signature _____

Parent/Guardian Signature _____

Date Signed _____

VACCINATION CERTIFICATE – VETERINARIAN MUST COMPLETE THIS ENTIRE SECTION!!

Exhibitors: Take this form to your veterinarian! This Vaccination 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 recommended, but not required. Veterinarian protocol for vaccinations will be followed. All vaccinations must be administered by a licensed veterinarian. ***For the Ohio State Fair Dog Show, all vaccinations must be current through August 7, 2024.***

Rabies

Date Given _____ Date Expires _____

Product _____ Serial # _____

DHLPP

Date Given _____ Date Expires _____

With the exception of Rabies, specific vaccination requirements may be waived as noted by veterinarian in the space below. _____

Clinic Information

Clinic Name _____

Mailing Address _____

City _____ State _____ Zip _____

Administering Veterinarian's Name _____

Veterinarian's Signature _____

Date _____ Clinic Phone (____) _____

This certificate is also an acceptable Certificate of Vaccination at the Ohio State Fair Dog Show.