

**MN 4-H Dog Project Identification
Form and Vaccination Verification**
(This Form is due to your local Extension office on **May 15**)



County: _____ Club: _____


4-Her Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ e-mail: _____

Take this verification with you when you go to the vet.

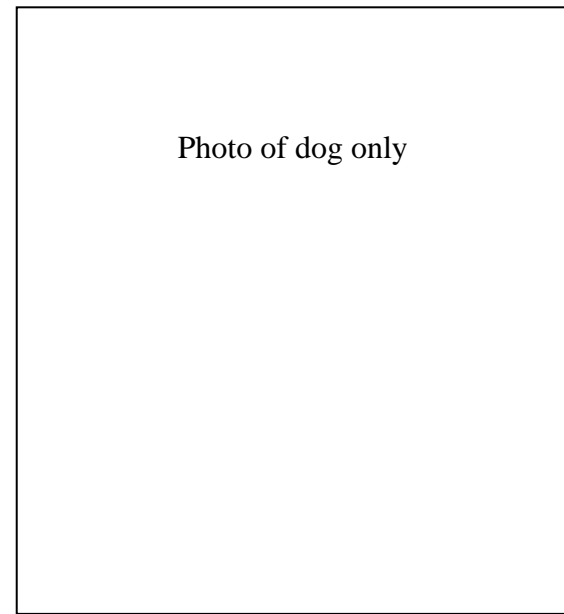
Please attach a clear photo of only your dog in this space 

Dog's Name: _____ Age: _____

Predominant Breed: _____

Color & Markings: _____

Sex: Male Neutered Male Female Spayed Female



Vaccination Verification

The Minnesota Board of Animal Health requires dogs to have current Rabies vaccinations. Please have your veterinarian document on your form whether your vaccination is current for 1 year, 2 years, or 3 years by filling in the Revaccination Date. A current Distemper, Hepatitis, Leptospirosis, Parinfluenza, and Parvovirus (DHLPP) vaccination is required for 4-H dogs. There are some variables which will determine whether your veterinarian will suggest a vaccination every year, every two years, or every three years. The 4-H Dog ID affidavit allows for your veterinarian to indicate whether he/she believes your dog would be revaccinated one year, two years, or three years from the listed vaccination date. In very rare cases, primarily due to the health condition of the dog, a veterinarian will not recommend a DHLPP vaccination be given to a specific dog. In these cases a titer will be required which demonstrates that antibodies are present in the blood which may protect the dog from infection and/or disease. (An adequate titer value does not guarantee an effective immune response.) If this is the case, a proof of titer must be attached to this form. If the dog's vaccination expires after May 15th, a copy of the new vaccination certificate must be attached to this form at the extension office.

Rabies

Date Given: _____ Date Revaccination Due: _____

Product: _____ Serial #: _____

DHLPP

Date Given: _____ Date Revaccination Due: _____

Product: _____ Serial #: _____

The Leptospiros requirement may be waived if the veterinarian places an "x" in the box below.

I certify that this dog has not been vaccinated for Leptospirosis.

Clinic Information

Clinic Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Administering Veterinarian's Name: _____

Veterinarian's Signature: _____

Date: _____ Clinic Phone: (____) _____

Guidelines for completing this form:

- ⇒ All the blanks need to be filled in, including the veterinarian's signature!
- ⇒ The Dog IDA – 2009 form is due to the Extension Office on May 15.
- ⇒ If more than one 4-H'er is showing the same dog, for example someone borrowing another's dog for Brace...have two IDA's (one for each handler) completed for the dog.
- ⇒ Complete a separate Dog IDA for each project dog.
- ⇒ A new Dog IDA form needs to be filled out each year
- ⇒ When attaching the photo, be sure it does not cover up any important information.