

Veterinary Health Inspection Sanders County Fair



4-H Member: _____

4-H Club : _____

Animal Species: _____

This animal has passed the Veterinary Health Check upon arrival at the Sanders County Fair.

_____ DVM



Fold along line and display top portion at your animal's pen

SANDERS COUNTY 4-H ANIMAL HEALTH CARD INFORMATION

MEMBER'S NAME: _____ CLUB: _____

ADDRESS: _____ CITY: _____

PHONE: _____ EMERGENCY PHONE: _____ PARENT/GUARDIAN: _____

ANIMAL'S NAME: _____ BREED: _____ DOB: _____

DATE PURCHASED: _____ BREEDER: _____

VACCINATION RECORD:

KIND: _____ DATE ADMINISTERED: _____

KIND: _____ DATE ADMINISTERED: _____

KIND: _____ DATE ADMINISTERED: _____

KIND: _____ DATE ADMINISTERED: _____

MEDICATION RECORD:

KIND: _____ DATE ADMINISTERED: _____

KIND: _____ DATE ADMINISTERED: _____

KIND: _____ DATE ADMINISTERED: _____

KIND: _____ DATE ADMINISTERED: _____