



2009 _____ COUNTY COMPANION ANIMAL DAY
CERTIFICATE OF VACCINATION for CATS and FERRETS



Exhibitor's Name _____ County _____

Address _____
 (Street or P. O. Box) (City) (Zip)

Pet's Name _____ Age _____ Birth Date _____
 (Month/Day/Year)

Male [] Female [] Spayed/Neutered [] Species/Breed _____

Color/Markings _____

THE INFORMATION BELOW IS TO BE COMPLETED & SIGNED BY YOUR VETERINARIAN.

VACCINATIONS REQUIRED* FOR _____ COUNTY COMPANION ANIMAL DAY JUDGING for CATS and FERRETS: All required vaccinations must be given by a licensed, accredited veterinarian and must be current through _____ for county judging and through July 31, 2009 for Ohio State Fair judging.

<u>Feline Vaccinations</u>	<u>Date Vaccination Given</u>	<u>Ferret Vaccinations</u>	<u>Date Vaccination Given</u>
Rabies – 1 year or 3 yrs. (circle one)	_____	Rabies – 1 yr. or 3 yrs. (circle one)	_____
Must list Rabies Tag No.	_____	Must List Rabies Tag No.	_____
Panleukopenia (FPL)	_____	Canine Distemper (CDV)	_____
Viral Rhinotracheitis (PVR)	_____		
Calicivirus (FCV)	_____		

*With the exception of Rabies, the above vaccination requirements may be waived depending on the veterinarian's recommendations for this individual animal. If a vaccination is waived, please state the reason in the area below.

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 I hereby verify that I am a licensed, accredited veterinarian and have vaccinated the above cat or ferret.

Clinic Name _____ Clinic Phone (____) _____

Mailing Address _____

City _____ State _____ Zip _____

Administering Veterinarian's Name _____

Veterinarian's Signature _____ Date _____