

# Veterinary Health Inspection

Sanders County Fair



4-H/FFA Member: \_\_\_\_\_

4-H Club/FFA Chapter : \_\_\_\_\_

Animal Species: \_\_\_\_\_

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

\_\_\_\_\_ DVM



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

## SANDERS COUNTY 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: \_\_\_\_\_