



### Canine vaccination

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Musher: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Race:  40  200

**Dates of most recent vaccinations**

ID vet \*


Dog name	Sex	Age	Race	Color	Rabies		Distemper	Hepatitis (adenovirus2)	Parainfluenza	Parvovirus	Leptospirosis (optional but recommended)	Bordetella (optional but recommended)
					Injection	Expiration						
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												

This completed form and proofs of vaccinations must be submitted before dogs will be allowed to race (send to: lachicchocs@gmail.com before March 3, 2023)

\* Do not fill in this column, for veterinary use only