

**2022 FAIRIFELD 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 veterinarian and must be current through \_\_\_\_\_ for county judging. *Cats must be 15 weeks old and ferrets must be 12 weeks old by day of show.*

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

\*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. *FeLV is recommended, not required.*

I hereby verify that I am a licensed 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 \_\_\_\_\_

**Note: This is for county use only. Lives animals are not permitted at Ohio State Fair Companion Animal Day.**

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Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Administering Veterinarian's Name \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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