



NAME _____

SPECIES _____

**HEALTH FORM
FOR 4-H GOATS & SHEEP**
KEEP THIS FORM WITH THE ANIMAL AT ALL TIMES

ANIMAL NAME	Breed	Tattoo, Ear tag, Registration Number (use all that apply)	Scrapies I.D. Number	Rabies Vaccine Type & Date	Other tests

I certify, as an accredited veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, and or communicable disease, (Except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied. **This form is for use in Vermont only.** **2020**

Accredited Veterinarian's name

Accredited Veterinarian's signature

Date