**FICHE CYNO-SANITAIRE / FICHA CINO-SANITARIA / CYNO-SANITARY FORMSHEET **

**Musher Surname-name:**

**Mail/Dirección: Mobile/Móvil:**

Chaque chien participant à la course ou stationnant sur la stake-out devra être vacciné contre : La rage, la maladie de Carré, l'hépathite de Rubarth, la leptospirose, la parvovirose et la toux du chenil (PI et Bordetella bronchiseptica). **Cette fiche doit être complétée par vous-même et une copie de celle-ci doit être envoyée avant le 15 janvie**r.

Cada perro que participe en la carrera o se estacione en el replanteo debe ser vacunado contra: rabia, moquillo, hepatitis Rubarth, leptospirosis, parvovirus y tos de las perreras (PI y Bordetella bronchiseptica).

**Usted debe completar este formulario antes del 15 de enero.**

Each dog participating in the race or stationing on the stake-out must be vaccinated against: Rabies, distemper, Rubarth hepatitis, leptospirosis, parvovirus and kennel cough (PI and Bordetella bronchiseptica).

**This form must be completed by yourself before January 15th**.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NOM COMPLET DU CHIEN / COMPLETE NAME OF THE DOG | RACE\*(Open, RNB1 ou RNB2) | Sexe | Date de naissance / Birth date | N° Passeport Européen / European N° of Passeport | N° de puce électronique / Chip N° | N° LOF | Vaccins / Vaccines |
| Date | CHP : DistemperRubarth Hepatitis Parvovirus | L : LeptosPirosis | R : Rabies | TC / KC |
| 1 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 2 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 3 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 4 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 5 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 6 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 7 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 8 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 9 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 10 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |

\* OPEN = Toute race / All race, RNB1 = Husky, RNB2 = Autre nordique / Other Nordic, RNB for “Registered Nordic Breeds”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NOM COMPLET DU CHIEN / COMPLETE NAME OF THE DOG | RACE\*(Open, RNB1 ou RNB2) | Sexe | Date de naissance / Birth date | N° Passeport Européen / European N° of Passeport | N° de puce électronique / Chip N° | N° LOF | Vaccins / Vaccines |
| Date | CHP : DistemperRubarth Hepatitis Parvovirus | L : LeptosPirosis | R : Rabies | TC / KC |
| 11 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 12 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 13 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 14 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 15 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 16 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 17 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 18 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 19 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |
| 20 |  |  |  |  |  |  |  | Vaccination |  |  |  |  |
| Validity |  |  |  |  |

\* OPEN = Toute race / All race, RNB1 = Husky, RNB2 = Autre nordique / Other Nordic, RNB for “Registered Nordic Breeds”

Nombre de chiens inscrits / Number of dogs registered:

Je soussigné (NOM et Prénom du musher) / Yo, el abajo firmante (NOMBRE y apellido del musher) / I undersigned (SURNAME and Name of musher): ……………………………………………………….………

CERTIFIE l'exactitude des renseignements mentionnés ci-dessus / CERTIFICA la veracidad de los datos indicados / CERTIFIES the accuracy of the above mentioned information

Date / Fecha :

Signature manuscrite du Musher / Firma manuscrita / Musher handwritten signature: