



# Certification of Vaccination for the 4-H Ferret Project



(To be completed by Veterinarian whose signature appears below.)

4-H'ers Name \_\_\_\_\_ County or 4-H Show \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Grade in School \_\_\_\_\_  
(as of January 1, of current year)

Required for 4-H Show in Indiana:	
	Vaccination Date
Rabies	_____
Distemper	_____

Name of Ferret \_\_\_\_\_

Color and Markings \_\_\_\_\_

Vaccination Tag Number \_\_\_\_\_

Breed \_\_\_\_\_

Sex:  Male  Castrated  Female  OVH(Spay)

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

Recommended Procedures	
Ferret (is/is not) on a flea control program.	_____ Date (circle one)
Ferret (has/has not) been checked for ear mites.	_____ Date (circle one)

I hereby certify that the ferret described on this form has been vaccinated by a licensed/accredited veterinarian.

\_\_\_\_\_  
Date Signature of 4-H member Veterinarian's Signature

\_\_\_\_\_  
Date Signature of 4-H parent verifies the above is complete and accurate Address

\_\_\_\_\_  
Date Signature of Extension Educator verifies county 4-H Ferret Membership City State Zip  
Date Phone

\_\_\_\_\_  
Signature of 4-H Ferret Project Leader

\_\_\_\_\_  
Phone Date

(This form to be brought by the 4-H member to all 4-H Ferret Shows.)  
For disability needs, please notify the Extension Educator whose name appears on this form.