

LAKE COUNTY 4-H HORSE & PONY VETERINARIAN SIGNATURE SHEET

VACCINATIONS for all LAKE COUNTY 4-H HORSE & PONY animals MUST be given by a licensed veterinarian. This form supersedes the State Form 4-H-1031-W.

This form signed by a licensed veterinarian ALONG with a COPY of the State Form 4-H-1031-W "Certificate of Completion of Indiana 4-H Requirements for Exhibition of 4-H Horse and Pony" are due to the Lake County 4-H Extension Office on or before July 1st.

MEMBER'S NAME: _____

HORSE'S NAME: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY PHONE #: _____

VETERINARIAN NAME: _____

VETERINARIAN PHONE: _____

REQUIRED VACCINATIONS (Must be given between January and June 30 of current year)

VACCINATION DATE

Eastern and Western Equine Encephalomyelitis: _____

Equine Influenza: _____

Tetanus: _____

Rabies: _____

Rhinopneumonitis/EHV type 1 and 4: _____

-OR-

Combination Rhino/Influenza: _____

I certify that I have administered the required vaccinations to the above named horse.

Veterinarian's Signature

Date



**2021 Certificate of Completion of Indiana 4-H Requirements for
Exhibition of 4-H Horse and Pony
(Vaccination Form)**

4-H-1031-W

(12/20)

The 4-H member should hand-carry this completed form to all 4-H Horse and Pony Events. Failure to meet guidelines on this form, an incomplete form, or outdated vaccinations will result ineligibility from Indiana 4-H Horse and Pony Events.

4-Her's Name _____ Grade in School _____ County _____ (as of January 1, 2021) (County you are enrolled in 4-H) Address _____ (Street or P.O. Box) _____ (City) (State) (Zip)	Name of horse/pony _____ Color and Markings _____ Breed _____ Date of Birth _____ Gender: ___ Gelding ___ Mare
--	--

Body Condition Score (BCS)

BCS of this horse _____ (1-9 scale; where 1 = extremely thin and 9 = extremely fat)

Body condition scoring resources are located at <https://www.extension.purdue.edu/extmedia/AS/AS-552-W.pdf>

ALL VACCINATIONS FOR LAKE COUNTY INDIANA 4-H HORSE & PONY MUST BE ADMINISTERED BY LICENSED VETERINARIAN

<u>Required Vaccinations¹</u>	<u>Name of Administrator</u>	<u>Vaccination Date</u>						
Eastern and Western Equine Encephalomyelitis	_____	_____						
Rhinopneumonitis/EHV type 1 and 4	_____	_____						
Equine Influenza	_____	_____						
Tetanus	_____	_____						
West Nile Virus (NEW 2021)	_____	_____						
Rabies² (required signature by administering vet below)	_____	_____						
<table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;">X _____</td> <td style="width:35%; border: none; text-align: center;">Print name _____</td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;">Licensed Veterinarian (Signature)</td> <td style="border: none;">(Date)</td> <td style="border: none;"></td> </tr> </table>			X _____	Print name _____		Licensed Veterinarian (Signature)	(Date)	
X _____	Print name _____							
Licensed Veterinarian (Signature)	(Date)							

¹ ~~If home vaccination is completed for the required vaccinations, the receipt of purchase and the label from the vial(s) must be attached to this form. Your veterinarian is the best way to ensure horses are vaccinated for appropriate disease risks, and make certain the vaccines are handled and administered properly. Improperly handled vaccines can become ineffective or even increase the risk of side effects.~~

² Indiana law requires rabies immunization be administered by a licensed and accredited veterinarian.

Recommended Vaccinations/Procedures

Upon consultation with a veterinarian and an evaluation of risk, the following vaccinations/procedures are recommended.

1. Oral Exam	5. Rotavirus
2. Potomac Horse Fever	6. Negative Equine Infectious Anemia (Coggins) Test within 12-months of event.
3. Strangles	7. Negative Fecal Egg Count to determine level of parasite infection. This should be used to
4. Botulism	determine appropriate de-worming protocols.

I hereby certify that the horse/pony described on this form has met the above requirements and that the form is complete and accurate.

X _____	X _____
4-H member (Signature)	4-H Parent or Legal Guardian (Signature)
(Date)	(Date)

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. Purdue University is an Affirmative Action institution. This material may be available in alternative formats.