



2019 Certificate of Completion of Indiana 4-H Requirements for Training and Exhibition of Dog

4-H-671-W
(revised 11/18)

The 4-H member should hand-carry this completed form to all 4-H Dog Events. Failure to meet guidelines, an incomplete form or outdated vaccinations will result in ineligibility from Indiana 4-H Dog Events. A copy of your dog's rabies immunization certificate provided by your veterinarian must accompany this form.

4-Her's Name _____

Grade in School _____ County _____
(as of January 1, 2019) (County you are enrolled in 4-H)

Address _____
(Street or P.O. Box)

(City) (State) (Zip)

To be filled in by 4-H Dog Project Leader

This dog is eligible to be shown in the following levels:

- Obedience**
 Showmanship
 Agility

(If dog has received no training in agility please write N/A for Agility.)

Dog's height at withers for any agility or obedience
classes 4A and above

_____ inches

X _____ (Date)
4-H Dog Project Leader (Signature)
(Verifies level of showing and 4-H membership)

Leader's phone # _____

- Dogs must be parasite free (including fleas) to be admitted to the show.
- A dog with any sign of a communicable disease or aggression will not be admitted.
- This original form **MUST** be brought by the 4-H member to all 4-H dog events.
- For disability needs, please notify your Extension Educator, 4-H leader or the show chairperson.
- Female dogs showing signs of estrus will not be admitted.

¹Indiana law requires rabies vaccinations to be administered by a licensed and accredited veterinarian. ²If home vaccination is done for the other 4-H mandatory immunizations, you must have the receipt of purchase **and** the label from the vial(s) attached to this form. Leptospirosis and Bordetella must be given annually. When using 3 year vaccines all paper work must be accumulated and maintained by the 4-Her for the 3 year period.

Name of dog _____

Color and Markings _____

Breed _____ Date of Birth _____

Sex: Male Castrated Female OVH (spay)

Is this dog microchipped: Yes No

If yes, list the number: _____

Required Vaccinations
All dates to be filled in; ditto marks will not be accepted.

	Date	Administered by
Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr _____		_____ vet ¹
DHPP <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr _____		_____ vet <input type="checkbox"/> non-vet ²
Leptospirosis (annual) _____		_____ vet <input type="checkbox"/> non-vet ²
Bordetella (annual) (Kennel Cough) _____		_____ vet <input type="checkbox"/> non-vet ²

The following medical diagnostics and products are recommended:

- Annual Heartworm Test, Fecal Parasite Exam, Flea Preventative (Flea and tick collars are not allowed in the state fair show ring).

Check one:

This dog has physical limitations and should not participate in agility or jumping exercises.

This dog has no physical limitations that would prevent it from participating in agility or jumping exercises.

By signing, the veterinarian certifies that this dog has been examined.

X _____ (Date)
Veterinarian (Signature)

Print name _____

(Address)

(City) (State) (Zip)

(Phone)

I hereby certify that the dog described on this form has met the above vaccination requirements.

X _____ (Date) **X** _____ (Date)
4-H member (Signature) **4-H Parent** (Signature)

(The above signatures verify that the above is complete and accurate)