



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 Failure to meet guidelines, an incomplete form or outdated vaccinations will result in ineligibility from Indiana 4-H Dog Events.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
4-H Dog Project Leader (Signature) _____ (Date) _____
(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 ___ 1yr ___ 3yr _____	_____	___ vet ¹
DHPP ___ 1yr ___ 3yr _____	_____	___ vet ___ non-vet ²
Leptospirosis (annual) _____	_____	___ vet ___ non-vet ²
Bordetella (annual) _____ (Kennel Cough)	_____	___ vet ___ 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
Veterinarian (Signature) _____ (Date) _____

Print name _____

(Address) _____

(City) _____ (State) _____ (Zip) _____

(Phone) _____

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

X
4-H member (Signature) _____ (Date) _____ X
4-H Parent (Signature) _____ (Date) _____
(The above signatures verify that the above is complete and accurate)