



# 2020 Certificate of Completion of Indiana 4-H Requirements for Training and Exhibition of Dog (Vaccination Form)

4-H-671-W  
(revised 12/20)

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 Failure to meet guidelines, an incomplete form or outdated vaccinations will result in ineligibility from Indiana 4-H Dog Events.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, 2020) (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 or who are in their final two weeks of pregnancy will not be admitted to the show.

<sup>1</sup>Indiana law requires rabies vaccinations to be administered by a licensed and accredited veterinarian. <sup>2</sup>If 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.*

	<u>Date</u>	<u>Administered by</u>
Rabies ___ 1yr ___ 3yr _____		___ vet <sup>1</sup>
DHPP ___ 1yr ___ 3yr _____		___ vet ___ non-vet <sup>2</sup>
Leptospirosis (annual) _____		___ vet ___ non-vet <sup>2</sup>
Bordetella (annual) (Kennel Cough) _____		___ vet ___ non-vet <sup>2</sup>

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** \_\_\_\_\_ (Date)      **X** \_\_\_\_\_ (Date)  
**4-H member** (Signature)      **4-H parent** (Signature)

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