The 2017 Indiana State Fair 4-H Dog Show is August 19-20. Vaccinations must be current. An incomplete form or outdated vaccinations will result in forfeiture of entry fees and expulsion from the State Fair 4-H Dog Show. A copy of your dog's rabies immunization certificate provided by your veterinarian must accompany this form.

4-H member's Name ____________________________
Grade in School ______ County ______
(as of January 1, 2017) (County you are enrolled in 4-H)
Address ____________________________
(City) ____________________________ (State) (Zip)

4-H Dog Project Leader (Signature) ____________ (Date)
(Verifies level of showing and 4-H membership)
Leader's phone # ____________________________

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)

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 shows.
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.

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)

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

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