



# 2016 Certificate of Completion of Indiana 4-H Requirements for Exhibition of Dog

4-H-671-W  
(revised 10/15)

The 2016 Indiana State Fair 4-H Dog Show is August 20-21. 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 An incomplete form or outdated vaccinations will result in forfeiture of entry fees and expulsion from the State Fair 4-H Dog Show.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-Her's Name \_\_\_\_\_

Grade in School \_\_\_\_\_ County \_\_\_\_\_  
(as of January 1, 2016) (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 shows.
- For disability needs, please notify your Extension Educator, 4-H leader or the show chairperson.
- Female dogs showing signs of estrus on will not be admitted.

<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.

This section must be completed and signed by your veterinarian.

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 <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>

<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 mandatory vaccinations, the receipt of purchase **and** the label from the vial(s) must be attached to this form.

- 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.

The following medical diagnostics and products are recommended:

- Annual Heartworm Test, Fecal Parasite Exam, Flea Preventative

X \_\_\_\_\_ (Date)  
Veterinarian (Signature)

(Address)

(City) (State) (Zip)

(Phone) (\_\_\_\_\_) - \_\_\_\_\_

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

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

X \_\_\_\_\_ (Date)  
4-H Parent (Signature)  
(Verifies the above is complete and accurate)