4-H’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) __________

X Extension Educator (Signature) __________ (Date) __________
(Verifies county of 4-H Cat Membership)

Educator’s office phone # (_______) - __________________________

To be filled in by 4-H Cat Project Leader
This cat should be shown at the following class(es):

________________________________________________________

X 4-H Cat Project Leader (Signature) __________ (Date) __________
(Verifies level of showing)

Leader’s phone # (_______) - __________________________

Recommended Procedures Date
Heartworm consultation __________

Feline Immunodeficiency Virus Test __________

Required Procedures Date
Rabies vaccination __________
Panleukopenia vaccination __________
Rhinotracheitis vaccination __________
Calicivirus vaccination __________
Feline leukemia vaccination or test 1 yr __________ 3 yr __________
(Negative test within 180 days of show or vaccination within 1 year of show.)
Fecal parasite exam or deworming __________
by veterinarian __________
(required within 6 months of exhibition)

Vaccinations must be given at least 2 weeks prior to and within 1 year of show date.
Call the State 4-H Office at (765) 494-8435 with questions about exhibition requirements.

X Veterinarian (Signature) __________ (Date) __________

(Address) __________

(City) __________ (State) __________ (Zip) __________

(Phone) (_______) - __________________________

I hereby certify that the cat described on this has been vaccinated by a licensed/accredited veterinarian.

X 4-H member (Signature) __________ (Date) __________
(Verifies level of showing)

X 4-H Parent (Signature) __________
(Verifies the above is complete and accurate)

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