



# 2023 Certificate of Completion of Indiana 4-H Program Requirements for Exhibition of Cats

(these vaccinations are required at all 4-H cat shows)

4-H-777-W  
(10/22)

4-Her's Name \_\_\_\_\_

Grade in School \_\_\_\_\_ County \_\_\_\_\_  
(as of January 1, 2023) (County you are enrolled in 4-H)

Address \_\_\_\_\_  
(Street or P.O. Box)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**X** \_\_\_\_\_ (Date) \_\_\_\_\_  
Extension Educator (Signature)  
(Verifies county of 4-H Cat Membership)

Educator's office phone # (\_\_\_\_\_) - \_\_\_\_\_

**This section is to be completed by veterinarian whose signature appears below.**

Name of cat \_\_\_\_\_

Color and Markings \_\_\_\_\_

Vaccination tag number \_\_\_\_\_ Weight \_\_\_\_\_

Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Castrated \_\_\_ Female \_\_\_ OVH (spay)

**To be filled in by 4-H Cat Project Leader or  
County Extension Educator**

This cat should be shown at the following class(es):

\_\_\_\_\_

\_\_\_\_\_

**X** \_\_\_\_\_ (Date) \_\_\_\_\_  
4-H Cat Project Leader (Signature)  
(Verifies level of showing)

Leader's phone # (\_\_\_\_\_) - \_\_\_\_\_

<u>Required Procedures</u>	<u>Date</u>
Rabies vaccination	_____
Panleukopenia vaccination	_____
Rhinotracheitis vaccination	_____
Calicivirus vaccination	_____
Feline leukemia vaccination or test _____ 1 yr _____ 3 yr	_____
<small>(Negative test within 180 days of show <b>or</b> vaccination within 1 year of show.)</small>	
Fecal parasite exam or deworming by veterinarian (required within 6 months of exhibition)	_____
<small>Vaccinations must be given at least 2 weeks prior to and within 1 year of show date. Contact the State 4-H Office with questions about exhibition requirements.</small>	

**Recommended Procedures** \_\_\_\_\_ **Date** \_\_\_\_\_

Heartworm consultation \_\_\_\_\_

Feline Immunodeficiency Virus Test \_\_\_\_\_

- For disability needs, please notify your Extension Educator, 4-H leader or the show chairperson.
- This original form **MUST** be brought by the 4-H member to all 4-H cat shows.
- Cats will be examined by a veterinarian at time of exhibition: any sign of a communicable disease will result in cat being sent home. Female cats in season will not be admitted.
- **All signatures must be completed prior to exhibition.**

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

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

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

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

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

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