



CERTIFICATION OF VACCINATION FOR THE 4-H FERRET PROJECT



(To be completed by Veterinarian whose signature appears below.)

4-H'ers Name _____ County or 4-H Show _____

Address _____
(Street or P.O. Box) (City) (State) (Zip)

Grade in School _____
(as of January 1, of current year)

Required for 4-H Show in Indiana:	
	Vaccination Date
Rabies	_____
Distemper	_____

Name of Ferret _____

Color and Markings _____

Vaccination Tag Number _____

Breed _____

Sex: Male Castrated Female OVH(Spay)

Date of Birth _____ Weight _____

Recommended Procedures	
Ferret (is/is not) on a flea control program.	_____ Date (circle one)
Ferret (has/has not) been checked for ear mites.	_____ Date (circle one)

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

Date Signature of 4-H member Veterinarian's Signature

Date Signature of 4-H parent verifies the above is complete and accurate Address

Date Signature of Extension Educator verifies county 4-H Ferret Membership City State Zip
Date () Phone

Signature of 4-H Ferret Project Leader
()
Phone Date



(This form to be brought by the 4-H member to all 4-H Ferret Shows.)

This form furnished courtesy of the Indiana Veterinary Medical Association.
For disability needs, please notify the Extension Educator whose name appears on this form.