2023 Certificate of Completion of Indiana 4-H Requirements for Training and Exhibition of Dog (Vaccination Form)

4-H-671-W
(revised 10/22)

The 4-H member should hand-carry this completed form to all 4-H Dog Events. Failure to meet guidelines, an incomplete form or outdated vaccinations will result in ineligibility from Indiana 4-H Dog Events. **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, 2023) (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_____ _____
4-H Dog Project Leader (Signature) (Date)
(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 events.
- For disability needs, please notify your Extension Educator, 4-H leader or the show chairperson.
- Female dogs showing signs of estrus or who are in their final two weeks of pregnancy will not be admitted to the show.

[1]Indiana law requires rabies vaccinations to be administered by a licensed and accredited veterinarian. [2]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.

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[1]
DHPP	___1yr	___3yr	_____	___vet ___non-vet[2]
Leptospirosis (annual)			_____	___vet ___non-vet[2]
Bordetella (annual) (Kennel Cough)			_____	___vet ___non-vet[2]

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.

or

☐ 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_____ _____ **X**_____ _____
4-H member (Signature) (Date) **4-H parent or legal guardian**(Signature) (Date)
(The above signatures verify that the above is complete and accurate)

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