4-H-777-W



## 2019 Certificate of Completion of Indiana 4-H Program Requirements for Exhibition of Cats

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

4-Her's Name	This section is to be completed by veterinarian whose signature appears below.
Grade in School County County (County you are enrolled in 4-H)	Name of cat
	Color and Markings
Address(Street or P.O. Box)	Vaccination tag number Weight
(City) (State) (Zip)	BreedDate of Birth
X	Sex:MaleCastratedFemaleOVH (spay)
Educator's office phone # ()	Required Procedures <u>Date</u>
	Rabies vaccination
To be filled in by 4-H Cat Project Leader This cat should be shown at the following class(es):	Panleukopenia vaccination
	Rhinotracheitis vaccination
	Calcivirus vaccination
	Feline leukemia vaccination or test
	1 yr 3 yr (Negative test within 180 days of show <u>or</u> vaccination within 1 year of show.)
	(Negative test within 180 days of show <u>or</u> vaccination within 1 year of show.)
X 4-H Cat Project Leader (Signature) (Date) (Verifies level of showing)	Fecal parasite exam or deworming by veterinarian (required within 6 months of exhibition)
Leader's phone # ()	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.
Recommended Procedures Date Heartworm consultation	requirements.
Feline Immunodeficiency Virus Test	
<ul> <li>For disability needs, please notify your Extension Educator,</li> <li>4-H leader or the show chairperson.</li> </ul>	X Veterinarian (Signature) (Date)
• This original form <b>MUST</b> be brought by the 4-H member to all 4-H cat shows.	(Address)
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.	(City) (State) (Zip)
• All signatures must be completed prior to exhibition.	(Phone) ()
I hereby certify that the cat described on this has been vaccinated	by a licensed/accredited veterinarian.
XX	
4-H member (Signature) (Date)	4-H Parent (Signature)
	(Verifies the above is complete and accurate)