



# 2024 Certificate of Completion of Indiana 4-H Requirements for Training and Exhibition of Dog (Vaccination Form)

4-H-671-W  
(revised 10/23)

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 Failure to meet guidelines, an incomplete form or outdated vaccinations will result in ineligibility from Indiana 4-H Dog Events.

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

Grade in School \_\_\_\_\_ County \_\_\_\_\_  
(as of January 1, 2024) (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.

<sup>1</sup>Indiana law requires rabies vaccinations to be administered by a licensed and accredited veterinarian. <sup>2</sup>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:

Rabies \_\_\_ 1yr \_\_\_ 3yr \_\_\_\_\_ \_\_\_ vet<sup>1</sup>

DHPP \_\_\_ 1yr \_\_\_ 3yr \_\_\_\_\_ \_\_\_ vet \_\_\_ non-vet<sup>2</sup>

Leptospirosis (annual) \_\_\_\_\_ \_\_\_ vet \_\_\_ non-vet<sup>2</sup>

Bordetella (annual)  
(Kennel Cough) \_\_\_\_\_ \_\_\_ vet \_\_\_ non-vet<sup>2</sup>

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.

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 and administered the rabies vaccination.**

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

**X** \_\_\_\_\_  
**4-H parent or legal guardian** (Signature) (Date)

(The above signatures verify that the above is complete and accurate)