

2025 Certificate of Completion of Indiana 4-H Program Requirements for Exhibition of Cats (these vaccinations are required at all 4-H cat shows)

This section is to be completed by veterinarian whose signature 4-Her's Name appears below. County_ Grade in School (County you are enrolled in 4-H) Name of cat (as of January 1, $\overline{2025}$) Color and Markings_____ Address (Street or P.O. Box) Vaccination tag number Weight (City) (State) (Zip) Breed Date of Birth Х Sex: Male Castrated Female OVH (spay) Extension Educator (Signature) (Date) (Verifies county of 4-H Cat Membership for Indiana State Fair only.) Educator's office phone # (_____) -__ **Required Procedures** Date Rabies vaccination Panleukopenia vaccination To be filled in by 4-H Cat Project Leader or **County Extension Educator** Rhinotracheitis vaccination This cat should be shown at the following class(es): Calcivirus vaccination Feline leukemia vaccination or test 1 yr 3 yr (Negative test within 180 days of show or vaccination within 1 year of show.) х Fecal parasite exam or deworming 4-H Cat Project Leader (Signature) (Date) by veterinarian (Verifies level of showing) (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. Contact the State 4-H Office with questions about exhibition requirements. **Recommended Procedures** Date Heartworm consultation Feline Immunodeficiency Virus Test For disability needs, please notify your Extension Educator, Veterinarian (Signature) (Date) 4-H leader or the show chairperson. This original form **MUST** be brought by the 4-H member to (Address) 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 (City) (State) (Zip) being sent home. Female cats in season will not be admitted. 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. Х

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 4-H member (Signature)
 (Date)

 (Date)
 4-H Parent or Legal Guardian (Signature)

 (Date)
 (Verifies the above is complete and accurate)

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