



## 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 <small>(circle one)</small>
Ferret (has/has not) been checked for ear mites.	_____ Date <small>(circle one)</small>

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.