



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.)
 For disability needs, please notify the Extension Educator whose name appears on this form.