

2023 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 appears below.	·····
Grade in School County (as of January 1, 2023) (County	y you are enrolled in 4-H)	Name of cat	
Address (Street or P.O. Box)		Color and Markings	
(Street of P.O. Box)		Vaccination tag number	Weight
(City)	(State) (Zip)	Breed	Date of Birth
X Extension Educator (Signature) (Verifies county of 4-H Cat Membership)	(Date)	Sex: Male Castrated	FemaleOVH (spay)
Educator's office phone # () -			
		Required Procedures	Date
		Rabies vaccination	
To be filled in by 4-H Cat Project Leader or County Extension Educator		Panleukopenia vaccination	
This cat should be shown at the following the shown at the shown at the following the shown at the shown a	lowing class(es):	Rhinotracheitis vaccination	
		Calcivirus vaccination	
		Feline leukemia vaccination or te	
		$\frac{1 \text{ yr}}{(\text{Negative test within 180 days of show } \underline{0}}$	r vaccination within 1 year of show.)
X 4-Ħ Cat Project Leader (Signatur e)	(Date)	Fecal parasite exam or dewormin by veterinarian	
(Verifies level of showing)		(required within 6 months of exhibition)	
Leader's phone # ()		Vaccinations must be given at least 2 wee Contact the State 4-H Office with question	eks prior to and within 1 year of show date ons about exhibition requirements.
Recommended Procedures	Date		
eline Immunodeficiency Virus Test			
		X	
 For disability needs, please notify your 4-H leader or the show chairperson. 	Extension Educator,	Veterinarian (Signature)	(Date)
 This original form MUST be brought be all 4-H cat shows. 	by the 4-H member to	(Address)	
• Cats will be examined by a veterinaria			
tion: 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 pr		(Phone) ()	
I hereby certify that the cat described or	n this has been vaccinated	d by a licensed/accredited veterinaria	ın.
X	Х		

 X
 X
 (Date)
 Y
 (Date)
 (Date)
 (Date)
 (Date)
 (Date)
 (Date)
 (Date)

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