2021 Certificate of Completion of Indiana 4-H Program Requirements for Exhibition of Cats
(these vaccinations are required at all 4-H cat shows)

4-H-777-W
(12/20)

4-Her's Name_____

Grade in School_____ (as of January 1, 2021) County_____ (County you are enrolled in 4-H)

Address_____
(Street or P.O. Box)

_____
(City) (State) (Zip)

X_____ _____
Extension Educator (Signature) (Date)
(Verifies county of 4-H Cat Membership)

Educator's office phone # (_____) -_____

To be filled in by 4-H Cat Project Leader
This cat should be shown at the following class(es):

_____

_____

X_____ _____
4-H Cat Project Leader (Signature) (Date)
(Verifies level of showing)

Leader's phone # (_____) -_____

Recommended Procedures Date
Heartworm consultation _____

Feline Immunodeficiency Virus Test _____

- For disability needs, please notify your Extension Educator, 4-H leader or the show chairperson.
- This original form **MUST** be brought by the 4-H member to 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 being sent home. Female cats in season will not be admitted.
- **All signatures must be completed prior to exhibition.**

This section is to be completed by veterinarian whose signature appears below.

Name of cat_____

Color and Markings_____

Vaccination tag number_____ Weight_____

Breed_____Date of Birth_____

Sex: ___Male ___Castrated ___Female ___OVH (spay)

Required Procedures	**Date**
Rabies vaccination	_____
Panleukopenia vaccination	_____
Rhinotracheitis vaccination	_____
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.)	_____
Fecal parasite exam or deworming by veterinarian (required within 6 months of exhibition)	_____

Vaccinations must be given at least 2 weeks prior to and within 1 year of show date. Call the State 4-H Office at (765) 494-8435 with questions about exhibition requirements.

X_____ _____
Veterinarian (Signature) (Date)

_____
(Address)

_____
(City) (State) (Zip)

(Phone) (_____) -_____

I hereby certify that the cat described on this has been vaccinated by a licensed/accredited veterinarian.

X_____ _____ X_____ _____
4-H member (Signature) (Date) **4-H Parent or Legal Guardian** (Signature) (Date)
(Date)

(Verifies the above is complete and accurate)