



2009 Certificate of Completion of Indiana Requirements for Exhibition of Dogs

4-H-671-W
(Revised 2009)



(These vaccinations are required at all 4-H dog shows)

(To be completed by veterinarian whose signature appears below.)

4-H'ers Name _____ County _____

Address _____
(Street or P.O. Box) (City) (State) (Zip)

Grade in School _____
(as of January 1, 2009)

Any sign of a communicable disease will result in dog being sent home.

REQUIRED: 1 yr. 3 yr. Vaccination Date
Written date must be on each line.

Rabies _____
DHPP _____
Leptospirosis n/a _____
Kennel cough n/a _____
(Bordetella)

Call the State 4-H Office at (765) 494-8433 with questions about exhibition requirements.

Name of dog _____

Color and markings _____

Breed _____

Sex: Male Castrated Female OVH (Spay)

Date of birth _____

Recommended Procedures	Date/Result
Annual Heartworm test	_____
Flea Preventative	_____
Fecal Parasite Exam	_____

The signatures below **all** must be completed prior to exhibition.

I hereby certify that the dog 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** Address
verifies the above is complete and accurate

City State Zip

Date Signature of **Extension Educator** ()
verifies county 4-H Dog Membership Date Phone

This 4-H dog should be shown at the following level:

Obedience _____
Showmanship _____
Agility _____

Signature of **4-H Dog Project Leader** (verifies level of showing)

() _____
Phone Date

This original form **must** be brought by the 4-H member to all 4-H dog shows.
For disability needs, please notify the Extension Educator whose name appears on this form.