2026 Certificate of Completion of Indiana 4-H Requirements for Exhibition of 4-H Horse and Pony (Vaccination Form)

4-H-1031-W

(10/25)

The 4-H member should hand-carry this completed form to all 4-H Horse and Pony Events. Failure to meet guidelines on this form, an incomplete form, or outdated vaccinations will result ineligibility from Indiana 4-H Horse and Pony Events.

4-Her's Name_____

Grade in School_____ (as of January 1, 2026) County_____ (County you are enrolled in 4-H)

Address_____ (Street or P.O. Box)

_____ (City) (State) (Zip)

Name of horse/pony_____

Color and Markings_____

Breed_____

Date of Birth_____

Gender: ____ Gelding ____ Mare

Body Condition Score (BCS)

BCS of this horse _____ (1-9 scale; where 1 = extremely thin and 9 = extremely fat)

Body condition scoring resources are located at https://www.extension.purdue.edu/extmedia/AS/AS-552-W.pdf

Required Vaccinations[1]

	Name of Administrator	Vaccination Date
Eastern and Western Equine Encephalomyelitis	_____	_____
Rhinopneumonitis/EHV type 1 and 4	_____	_____
Equine Influenza	_____	_____
Tetanus	_____	_____
West Nile Virus	_____	_____
Rabies[2] (***required signature by administering vet below***)	_____	_____

X_____ _____
Licensed Veterinarian (Signature) **(Date)** **Print name**_____

1 If home vaccination is completed for the required vaccinations, the receipt of purchase **and** the label from the vial(s) must be attached to this form. Your veterinarian is the best way to ensure horses are vaccinated for appropriate disease risks, and make certain the vaccines are handled and administered properly. Improperly handled vaccines can become ineffective or even increase the risk of side effects.

2 Indiana law requires rabies immunization be administered by a licensed and accredited veterinarian.

Recommended Vaccinations/Procedures

Upon consultation with a veterinarian and an evaluation of risk, the following vaccinations/procedures are recommended.

1. Oral Exam
2. Potomac Horse Fever
3. Strangles
4. Botulism
5. Rotavirus
6. Negative Equine Infectious Anemia (Coggins) Test within 12-months of event.
7. Negative Fecal Egg Count to determine level of parasite infection. This should be used to determine appropriate de-worming protocols.

I hereby certify that the horse/pony described on this form has met the above requirements and that the form is complete and accurate.

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