



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

4-H-671-W
(revised 10/25)

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 Failure to meet guidelines, an incomplete form or outdated vaccinations will result in ineligibility from Indiana 4-H Dog Events.

4-Her's Name _____

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

Address _____
(Street or P.O. Box)

(City) (State) (Zip)

To be filled in by 4-H Dog project leader

This dog is eligible to be shown in the following levels:

_____ **Obedience**

_____ **Showmanship**

_____ **Agility**

(If dog has received no training in agility please write N/A for Agility.)

Dog's height at withers for any agility or obedience
classes 4A and above

inches

X _____
4-H Dog Project Leader (Signature) _____ (Date)
(Verifies level of showing and 4-H membership)

Leader's phone # _____

- Dogs must be parasite free (including fleas) to be admitted to the show.
- A dog with any sign of a communicable disease or aggression will not be admitted.
- This original form **MUST** be brought by the 4-H member to all 4-H Dog events.
- For disability needs, please notify your Extension Educator, 4-H leader or the show chairperson.
- Female dogs showing signs of estrus, in their final two weeks of pregnancy, or nursing puppies will not be admitted to the show.

¹Indiana law requires rabies vaccinations to be administered by a licensed and accredited veterinarian. ²If home vaccination is done for the other 4-H mandatory immunizations, you must have the receipt of purchase **and** the label from the vial(s) attached to this form. Leptospirosis and Bordetella must be given annually. When using 3 year vaccines all paper work must be accumulated and maintained by the 4-Her for the 3 year period.

Name of dog _____

Color and Markings _____

Breed _____ Date of Birth _____

Sex: ___ Male ___ Castrated ___ Female ___ OVH (spay)

Is this dog microchipped: ___ Yes ___ No

If yes, list the number: _____

Required Vaccinations

All dates to be filled in; ditto marks will not be accepted.

Date Administered:

Rabies ___ 1yr ___ 3yr _____ ___ vet¹

DHPP ___ 1yr ___ 3yr _____ ___ vet ___ non-vet²

Leptospirosis (annual) _____ ___ vet ___ non-vet²

Bordetella (annual) _____ ___ vet ___ non-vet²
(Kennel Cough)

The following medical diagnostics and products are recommended:

- Annual Heartworm Test, Fecal Parasite Exam, Flea Preventative (Flea and tick collars are not allowed in the State Fair show ring).

Check one: This dog has physical limitations and should not participate in agility or jumping exercises.

This dog has no physical limitations that would prevent it from participating in agility or jumping exercises.

By signing, the veterinarian certifies that this dog has been examined and administered the rabies vaccination.

X _____
Veterinarian (Signature) _____ (Date)

Print name _____

(Address)

(City) (State) (Zip)

(Phone)

I hereby certify that the dog described on this form has met the above vaccination requirements.

X _____ **X** _____
4-H member (Signature) _____ (Date) **4-H parent or legal guardian** (Signature) _____ (Date)
(The above signatures verify that the above is complete and accurate)