

**2026 Certificate of Completion of
Indiana 4-H Program Requirements
for Exhibition of Cats**

4-H-777-W
(11/25)

(these vaccinations are required at all 4-H cat events where cats are present)

4-H'er's Name _____

Grade in School _____ County _____
(as of January 1, 2025) (County you are enrolled in 4-H)

Address _____
(Street or P.O. Box)

(City) _____ (State) _____ (Zip) _____

- For disability or language accommodations, please notify your Extension Educator, 4-H leader or the show chairperson.
- This original form MUST be completed, signed by the vet and brought by the 4-H member to all 4-H cat events where the cat is in attendance.
- 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.

**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)

Recommended Procedures _____ Date _____

Heartworm consultation _____

Feline Immunodeficiency Virus Test _____

Required Procedures	Date
Rabies vaccination	_____
Panleukopenia vaccination	_____
Rhinotracheitis vaccination	_____
Calcivirus vaccination	_____
Feline leukemia vaccination or test	_____
<input type="checkbox"/> 1 yr <input type="checkbox"/> 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)	

Veterinarian Name (Print) _____

(Address) _____

X _____
Veterinarian Signature _____ (Date) _____

(City) _____ (State) _____ (Zip) _____

(Phone) (_____) - _____

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

X _____
4-H member (Signature) _____ (Date) _____

X _____
4-H Parent or Legal Guardian (Signature) _____ (Date) _____

(Verifies the above is complete and accurate)



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