

**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-Her'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 _____

Veterinarian Name (Print)

X _____
Veterinarian Signature (Date)

Required Procedures

Date

Rabies vaccination _____

Panleukopenia vaccination _____

Rhinotracheitis vaccination _____

Calicivirus 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.
Contact the State 4-H Office with questions about exhibition requirements.

(Address)

(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)



Extension - 4-H Youth
Development

