



2010 Certificate of Completion of Indiana 4-H Program Requirements for Exhibition of Cats

4-H-777-W

(these vaccinations are required at all 4-H cat shows)

4-Her's Name _____

Grade in School _____ County _____
(as of January 1, 2010) (County you are enrolled in 4-H)

Address _____
(Street or P.O. Box)

(City) (State) (Zip)

X _____ (Date)
Extension Educator (Signature)
(Verifies county of 4-H Cat Membership)

Educator's office phone # (_____) - _____

To be filled in by 4-H Cat Project Leader
This cat should be shown at the following class(es):

X _____ (Date)
4-H Cat Project Leader (Signature)
(Verifies level of showing)

Leader's phone # (_____) - _____

- For disability needs, please notify the Extension educator whose name appears on this form.
- Female dogs in season will not be admitted.
- **All signatures must be completed prior to exhibition.**

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

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

X _____ (Date)
4-H Parent (Signature)
(Verifies the above is complete and accurate)

Cat will be examined by a veterinarian at time of exhibition: any sign of a communicable disease will result in cat being sent home. (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 _____
Fecal parasite exam

Heartworm consultation _____

Feline Immunodeficiency Virus Test _____

Required Vaccinations	Vaccination Date
Rabies vaccination	_____
Panleukopenia vaccination	_____
Rhinotracheitis vaccination	_____
Calicivirus vaccination	_____
Feline leukemia	_____

(Negative test within 180 days of show **or** vaccination within 1 year of show.)
Vaccinations must be given at least 2 weeks prior to and within 1 year of show date.
Call the State 4-H Office at (765) 494- 8433 with questions about exhibition requirements.

X _____ (Date)
Veterinarian (Signature)

(Address)

(City) (State) (Zip)

(Phone) (_____) - _____