



2012 Certificate of Completion of Indiana 4-H Requirements for Exhibition of Dog

4-H-671-W
(revised 2012)

The 2012 State Fair Dog Show is August 18-19. Vaccinations must be current and this form must have 4 signatures to be complete. An incomplete form or outdated vaccinations will result in forfeiture of entry fees and expulsion from the State Fair Dog Show.

4-Her's Name _____

Grade in School _____ County _____
(as of January 1, 2012) (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 _____ (Date)
4-H Dog Project Leader (Signature) (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 shows.
- For disability needs, please notify your Extension Educator, 4-H leader or the show chairperson.
- Female dogs in season will not be admitted.

Indiana law requires rabies vaccinations to be administered by a licensed veterinarian. If home vaccination is done for the other 4-H mandatory inoculations, 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.

(To be completed by veterinarian whose signature appears below.)

Name of dog _____

Color and Markings _____

Breed _____ Date of Birth _____

Sex: Male Castrated Female OVH (spay)

Recommended Procedures Date / Result
Annual Heartworm Test _____ / _____

Fecal Parasite Exam _____ / _____

Flea Preventative _____

Required Vaccinations

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

Vaccination Date

Rabies 1yr. 3yr. _____

DHPP 1yr. 3yr. _____

Leptospirosis (annual) _____

Bordetella (annual) _____

(Kennel Cough)

Call the State 4-H Office at (765) 494- 8433 with questions about exhibition requirements.

- 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.

X _____ (Date)
Veterinarian (Signature)

(Address)

(City) (State) (Zip)

(Phone) (_____) - _____

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

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

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