



# 2007 Certificate of Completion of Indiana Requirements for Exhibition of Dogs

4-H-671-W  
(Revised 2006)



(These vaccinations are required at all 4-H dog shows)

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

4-H'ers Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Grade in School \_\_\_\_\_  
(as of January 1, 2007)

**Any sign of a communicable disease will result in dog being sent home.**

**REQUIRED:** 1 yr. 3 yr. Vaccination Date

Rabies   \_\_\_\_\_

DHPP   \_\_\_\_\_

Leptospirosis  n/a \_\_\_\_\_

Kennel cough (Bordetella)  n/a \_\_\_\_\_

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

Name of dog \_\_\_\_\_

Color and markings \_\_\_\_\_

Breed \_\_\_\_\_

Sex:  Male  Castrated  Female  OVH (Spay)

Date of birth \_\_\_\_\_

**Recommended Procedures**

Date/Result

Annual Heartworm test

Flea Preventative

Fecal Parasite Exam

The signatures below **all** must be completed prior to exhibition.

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

\_\_\_\_\_  
Date Signature of **4-H member** Veterinarian's signature

\_\_\_\_\_  
Date Signature of **4-H parent** verifies the above is complete and accurate Address

\_\_\_\_\_  
Date Signature of **Extension Educator** verifies county 4-H Dog Membership City State Zip

\_\_\_\_\_  
Date Phone \_\_\_\_\_

This 4-H dog should be shown at the following level:

Obedience \_\_\_\_\_

Showmanship \_\_\_\_\_

Agility \_\_\_\_\_

\_\_\_\_\_  
Signature of **4-H Dog Project Leader** (verifies level of showing)

\_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

This original form **must** be brought by the 4-H member to all 4-H dog shows.

For disability needs, please notify the Extension Educator whose name appears on this form.