

2018 Certificate of Completion of Indiana 4-H Requirements for Exhibition of 4-H Horse and Pony

The 4-H member should hand-carry this completed form to all 4-H Horse and Pony Events. Failure to meet guidelines on this form, an incomplete form, or outdated vaccinations will result ineligibility from Indiana 4-H Horse and Pony Events.

4-Her's Name	Name of horse/pony
Grade in School County (as of January 1, 2018) (County you are enrolled in 4-H)	Color and Markings
Address	Breed
(Street or P.O. Box)	Date of Birth
(City) (State) (Zip)	Gender: Gelding Mare
(City) (State) (Zip)	

Body Condition Score (BCS)

BCS of this horse (1-9 scale; where 1 = extremely thin and 9 = extremely fat)

Body condition scoring resources are located at https://www.extension.purdue.edu/extmedia/AS/AS-552-W.pdf

Required Vaccinations ¹	Name of Administrator	Vaccination Date
Eastern and Western Equine Encephalomyelitis		
Rhinopneumonitis/EHV type 1 and 4		
Equine Influenza		
Tetanus		
Rabies ²		

¹If home vaccination is completed for the required vaccinations, the receipt of purchase and the label from the vial(s) must be attached to this form. Your veterinarian is the best way to ensure horses are vaccinated for appropriate disease risks, and make certain the vaccines are handled and administered properly. Improperly handled vaccines can become ineffective or even increase the risk of side effects.

²Indiana law requires rabies immunization be administered by a licensed and accredited veterinarian.

Recommended Vaccinations/Procedures

Upon consultation with a veterinarian and an evaluation of risk, the following vaccinations/procedures are recommended.

1. West Nile Virus 2.

4

5. Rotavirus

- Potomac Horse Fever
- 6. Negative Equine Infectious Anemia (Coggins) Test within 12-months of event.
- 3. Strangles Botulism
- 7. Fecal Egg Count to determine level of parasite infection. This should be used to determine appropriate de-worming protocols.

I hereby certify that the horse/pony describe	d on this form has m	et the above requirements and that the form i	s complete and accurate.
X 4-H member (Signature)	(Date) X	4-H Parent (Signature)	(Date)

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