



2017 Certificate of Completion of Indiana 4-H Requirements for Exhibition of 4-H Horse and Pony

4-H-1031-W
(10/16)

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 Failure to meet guidelines on this form, an incomplete form, or outdated vaccinations will result ineligibility from Indiana 4-H Horse and Pony Events.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 _____ Grade in School _____ County _____ (as of January 1, 2017) (County you are enrolled in 4-H) Address _____ (Street or P.O. Box) _____ (City) (State) (Zip)	Name of horse/pony _____ Color and Markings _____ Breed _____ Date of Birth _____ Gender: ___ Gelding ___ Mare
--	--

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 Vaccinations¹

	<u>Name of Administrator</u>	<u>Vaccination Date</u>
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 | 5. Rotavirus |
| 2. Potomac Horse Fever | 6. Negative Equine Infectious Anemia (Coggins) Test within 12-months of event. |
| 3. Strangles | 7. Fecal Egg Count to determine level of parasite infection. This should be used to determine appropriate de-worming protocols. |
| 4. Botulism | |

I hereby certify that the horse/pony described on this form has met the above requirements and that the form is complete and accurate.

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