



# 2024 Certificate of Completion of Indiana 4-H Requirements for Exhibition of 4-H Horse and Pony (Vaccination Form)

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 Failure to meet guidelines on this form, an incomplete form, or outdated vaccinations will result in ineligibility from Indiana 4-H Horse and Pony Events.

4-Her's Name _____	Name of horse/pony _____
Grade in School _____ (as of January 1, 2024)	Color and Markings _____
County _____	Breed _____
(County you are enrolled in 4-H)	Date of Birth _____
Address _____	Gender: ____ Gelding ____ Mare
(Street or P.O. Box)	
_____ (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<sup>1</sup>

	<u>Name of Administrator</u>	<u>Vaccination Date</u>
Eastern and Western Equine Encephalomyelitis	_____	_____
Rhinopneumonitis/EHV type 1 and 4	_____	_____
Equine Influenza	_____	_____
Tetanus	_____	_____
Rabies <sup>2</sup>	_____	_____

<sup>1</sup>If 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. <sup>2</sup>Indiana 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 |
| 4. Botulism appropriate deworming protocols. |   |

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 _____
<b>4-H member</b> (Signature) (Date)	<b>4-H Parent</b> (Signature) (Date)

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