



Certificate of Completion of Health Requirements for Exhibition of Cats



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

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

Member's Name _____ County _____

Address _____
(Street or P.O. Box) (City) (Zip)

Grade in School _____ Phone Number _____

Vaccinations Required for Exhibition	
	Date
Rabies Vaccination	_____
Panleukopenia Vaccination	_____
Rhinotracheitis Vaccination	_____
Calcivirus Vaccination	_____
Feline Leukemia Test (Must be within 180 days of show)	_____
Panleukopenia/Rhinotracheitis/Calcivirus are also known as the "4 in 1" series for felines.	

Cat will be examined at the time of the exhibition; any sign of communicable disease will result in the cat being sent home.

Name of Cat _____

Color and Markings _____

Breed _____

Sex: Male Female Altered

Cats older than eight (8) months must be altered.

Veterinarian's Name

Address

City Zip Phone

Veterinarian's Signature

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

The University of California, in accordance with applicable Federal and State law and University policy, does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, medical condition (cancer related), ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran. The University also prohibits sexual harassment.

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

Signature of Member Date

Signature of Parent/Guardian Date

Signature of Cat Project Leader or Club Leader

Phone Number for Project/Club Leader