

St. Joseph County 4-H Horse Pony Veterinarian Health Certification

Date ____/____/____ Township _____

Name (please print) _____

4H Member	Horse's Name	Age	Breed	Sex	Color	Temp	E/W Enc. Rhino EVH 1 & 2, Flu, Tet. Date 00/00/00	By Owner or Vet	Rabies Date 00/00/00	Copies (Attached 4-H-1031-W, Receipts, label from vial if owner given)	Coggins Date 00/00/00	*

Leaders by signing below you are certifying that you have inspected and there is a complete 4-H-1031-W for each horse that meets the requirements for attending fair. Also attached are properly dated receipts and copies of vials if necessary

*Check if the health of the horse is satisfactory, and that the horse Body Condition score is 4, or greater as required to show at the Indiana State Fair, and may safely be stabled in a tie stall at the St. Joseph 4-H Fair Grounds for the entire week of the 4-H Fair, participating in any pleasure or contesting class that the 4-H member chooses. (www.extension/purdue.edu/extmedia/AS/AS-552-W.pdf)

Leaders Signature _____

Veterinarian's Signature _____ Date _____

Negative Coggins test required for out-of-state horses dated current calendar year.

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