



Otoe County 4-H & Clover Kid Companion Animal ID Sheet (Rev. 8/2021)

Due by June 15, 2021

_____ **Otoe**
 Last Name First Name(s) and Age(s) Club Name County

I (we) hereby certify the following described animal is owned and is being fed and cared for by me (us) as a part of my (our) 4-H Companion Animal Project. I (we) understand that the animal which I (we) exhibit at 4-H shows during the project year is listed and described in this certificate. Violation of exhibit rules can lead to exclusion from participation in 4-H shows.

Amphibians (Frogs, Toads, etc.), Birds (Parakeets, Parrots, etc.), Cat, Gerbil, Guinea Pig, Hamster, Reptiles (Snake, Lizard, Turtles)

Type of Animal	Breed	Name of Animal	Age	Color	Gender

Must attach a photo of each companion animal! If showing a cat, please complete the Health Form on the back side of this sheet - one cate per sheet **An online entry for fair is due by 11:59 p.m. on July 1st in addition to this affidavit!**

Signature of Club or Chapter Member(s):
 (At least one of those listed at the top of this form must sign.)

Parent Signature:

Extension Staff Signature:

This (these) youth has (have) submitted this ownership affidavit in accordance with all rules of the state and county 4-H Program.

Date Submitted: _____



Rev 2008

**Nebraska 4-H
Certificate of Vaccination for Cats**

Exhibitor's Name _____ County _____

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

Pet's Name _____ Age _____ Birth Date _____

Male Female Spayed/Neutered Breed _____

Color/Markings _____

THE INFORMATION BELOW SHOULD BE COMPLETED AND SIGNED BY YOUR VETERINARIAN.

Vaccinations required for Nebraska State Fair Pet Show for cats and ferrets: All required vaccinations must be given within 1 year of the show date. Cats should be vaccinated for Feline Leukemia (FeLV) or have proof on a negative test within 180 days of the show date.

Feline Vaccinations	Date Given
Rabies	
1 year <input type="checkbox"/>	_____
3 year <input type="checkbox"/>	_____
Rabies Tag No. _____	
Panluekopenia (FPL)	_____
Viral Rhinotracheitis (PVR)	_____
Calicivirus (FCV)	_____
Feline Leukemia (FeLV)	_____
Vaccination <input type="checkbox"/>	
Negative test <input type="checkbox"/>	

I hereby verify that I am a licensed, accredited veterinarian and have vaccinated the above cat.

Clinic Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Administering Veterinarian's Name _____

Veterinarian's Signature _____ Date _____



Extension is a Division of the Institute of Agriculture and Natural Resources at the University of Nebraska-Lincoln cooperating with the Counties and the United States Department of Agriculture.

The 4-H Youth Development program abides with the nondiscrimination policies of the University of Nebraska-Lincoln and the United States Department of Agriculture.