KLICKITAT COUNTY 4-H

CAT Project Record

**Information about your cat:**

Name of cat: Date Acquired for project:  **\_\_\_\_\_**

Age/Birthdate:  Breed/Type: Body type:

Sex: Male Female Altered Weight:

Color/Coat/Pattern/Markings:  Microchipped: YES NO

YOU MAY ATTACH A PHOTO OF YOUR CAT

OR YOU AND YOUR CAT IN THIS SPACE

|  |  |  |
| --- | --- | --- |
|  | **Vaccination** | **Date Given** |
|  | Panleukopenia |  |
|  | Rhinotracheitis |  |
|  | Calicivirus |  |
|  | Chlamydia |  |
|  | F. Leukemia |  |
|  | Rabies |  |
| Exp.Date: | Serial # |  |
| Adm. By: |  |  |
| Manufacturer: |  |  |
|  |  |  |
| Parasite Control |  |  |
| Internal |  |  |
| External |  |  |
| **Other Vet. Care** | **Condition Treated** |  |
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| --- | --- | --- |
| **Record of Training Completed:** Date completed |  |  |
| **Training** |  | **Training** |  | **Training** |  |
| Come (kitty, kitty) |  | Showing head shape |  | Showing ears |  |
| Stay |  | Showing body shape |  | Showing clipped nails |  |
| No |  | Showing tail |  | Showing coat condition |  |
| Clipping nails |  | Showing teeth |  | Putting on harness  |  |
| Grooming the coat |  | Showing nose |  | Using a leash |  |
| Bathing |  | Showing eyes |  | The safety hold |  |
| Car trip in carrier |  | Taking in & out of carrier |  | Cage safety |  |
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| **Equipment Needed for Project** |
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**Exhibit Record**

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| --- | --- | --- | --- | --- |
| **Date** | **Name of Show** | **Class** | **Number in class** | **Placing** |
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**SUMMARY OF EXPENSES BY MONTH**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Months** | **Food** | **Equipment** | **Vet Services** | **List Other Items** | **Amount** | **Monthly Total** |
| October | $ | $ | $ |  | $ | $ |
| November | $ | $ | $ |  | $ | $ |
| December | $ | $ | $ |  | $ | $ |
| January | $ | $ | $ |  | $ | $ |
| February | $ | $ | $ |  | $ | $ |
| March | $ | $ | $ |  | $ | $ |
| April | $ | $ | $ |  | $ | $ |
| May | $ | $ | $ |  | $ | $ |
| June | $ | $ | $ |  | $ | $ |
| July | $ | $ | $ |  | $ | $ |
| August | $ | $ | $ |  | $ | $ |
| September | $ | $ | $ |  | $ | $ |
| Total Cost | $ | $ | $ |  | $ | $ |