

4-H Cat Record



	THE	$C\Lambda$	L , C	DD()EI	I F
I.	1176	LA		rkl	JFI	LE

	Name of Ca	at:		_ Date acquired for project:
	Breed/Type:			
	Age/Birthda	ate:	Weight:	Sex/Altered:
	Color/Coat,	/Pattern/Markings:		
II.	RECORD	OF VACCINATION		
	Date	Vaccine		
		Panleukopenia		
		Rhinotracheitis		
		Calicivirus		ID Part of Very Car
		Chlamydia		I.D. Picture of Your Cat
		F. Leukemia		
		Rabies		
	Administer	ed by:		
		al #:		
		acturer:		
	Expirati	ion Date:		

III. STEPS THAT YOU & YOUR CAT HAVE MASTERED: ✓

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

DATE	CONDITION TREATED	EXPENSE

IV. Veterinarian's Name ______ Phone No.: _____

V. EXHIBIT RECORD

DATE	SHOW	CLASSES	PLACINGS	REMARKS

VI. ITEMS PURCHASED (not including food)

DATE	ITEM	COST	VALUE (at end of year)

VII. SUMMARY OF EXPENSE BY QUARTER FOR THIS CAT

MONTH	FOOD	EQUIPMENT	VET.	OTHER IT	EMS	TOTAL
OctDec.	\$	\$	\$		\$	\$
JanMar.	\$	\$	\$		\$	\$
AprJun.	\$	\$	\$		\$	\$
July-Sept.	\$	\$	\$		\$	\$
TOTAL COST	\$	\$	\$		\$	\$