

CLALLAM COUNTY 4-H CAT RECORD

I. Cats' Profile

Name of Cat _____ Date acquired for project _____

Breed/Type _____ Body Type _____

Age/Birth date _____ Weight _____ Sex/altered _____

Color/coat Pattern/markings _____

II. RECORD OF VACCINATION

Optional picture

Date	Vaccine
	Panleukopenia
	Rhinotracheitis
	Calicivirus
	Chlamydia
	F. Leukemia
	Rabies

ID Photo of your cat (not required)

Administered by _____

Rabies serial # _____

Manufacturer _____

Expiration date _____

III. STEPS THAT YOU AND YOUR CAT HAVE MASTERED:

Initial when skill is accomplished

SKILL	Signed	SKILL	Signed	SKILL	Signed
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 a harness	
Grooming the coat		Showing nose		Using a leash	
Bathing		Showing eyes		The safety hold	
Transporting (car)		Caging safely			

IV. HEALTH RECORD

Your Veterinarians' name _____

Date	Condition Treated	Expense \$
Total		\$

V. EXHIBIT RECORD

Date	Cost	Show	Classes	Placing	Remarks
TOTAL	\$				

VI. ITEMS PURCHASED INCLUDING EQUIPMENT(not including food)

Date	Item	Cost	End of year Value
TOTAL		\$	\$

VII. SUMMARY OF EXPENSES BY THE QUARTER FOR THIS CAT

Month	Food	Equipment	Vet. Cost	Cost /shows	Cost/items
Oct-Dec	\$	\$	\$	\$	\$
Jan-March	\$	\$	\$	\$	\$
April-June	\$	\$	\$	\$	\$
July-Sept	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$