



# JEFFERSON COUNTY CAT PROJECT

# CAT ADD SHEETS

4-H year: \_\_\_\_\_

## MY CAT'S PROFILE

Name of Cat: \_\_\_\_\_

Date acquired for project: \_\_\_\_\_

Breed/Type: \_\_\_\_\_ Body Type: \_\_\_\_\_

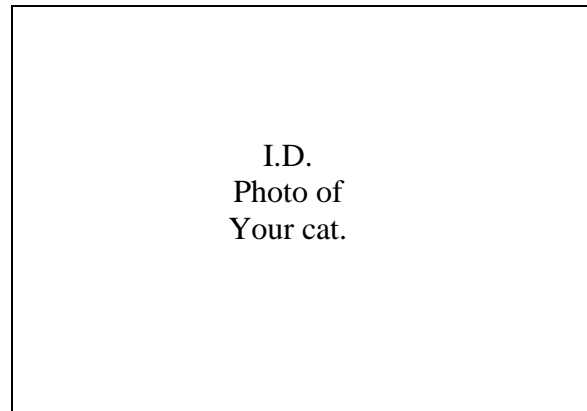
Cat's Birthdate: \_\_\_\_\_ Cat's Age: \_\_\_\_\_

Cat's Weight: \_\_\_\_\_ Sex/Altered: \_\_\_\_\_

Color/coat Pattern/markings: \_\_\_\_\_

## RECORD OF VACCINATION

Date	Vaccine
	Panleukopenia
	Rhinotracheitis
	Calicivirus
	Chlamydia
	F. Leukemia
	Rabies



Rabies: serial # \_\_\_\_\_

Manufacture: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Administered by: \_\_\_\_\_

## SKILLS THAT YOU AND YOUR CAT HAVE MASTERED:

Leader will initial each accomplishment after member demonstrates mastery of each skill					
Come		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 carry	
Car trip in Carrier		Taking in and out of carrier		Moving cat in and out of cages	

**HEALTH RECORD**

Veterinarian's name(s): \_\_\_\_\_ Phone # \_\_\_\_\_

Each visit to the vet Date	Check ups, Condition Treated, Vaccinations, Injury, Etc.	Cost

**EQUIPMENT PURCHASE:**

Include all equipment items purchased this year for your project...cages, cage decorations, carriers, grooming tools, show equipment

Date	Item	Cost
<b>TOTAL</b>		<b>\$</b>