



# 4-H Cat Record



C0793E

## I. THE CAT'S PROFILE

Name of Cat: \_\_\_\_\_ Date acquired for project: \_\_\_\_\_

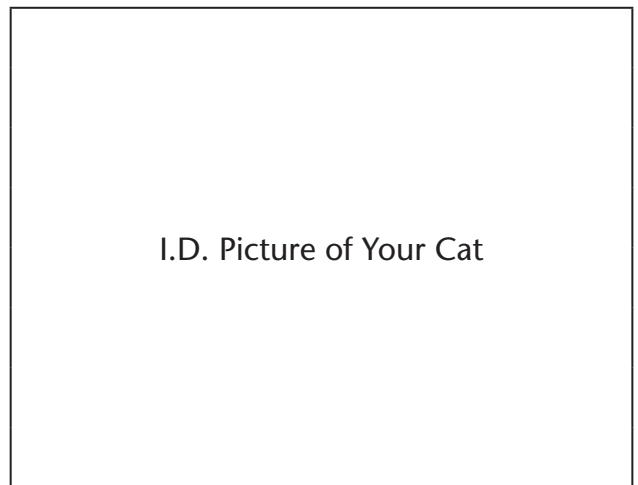
Breed/Type: \_\_\_\_\_ Body type: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex/Altered: \_\_\_\_\_

Color/Coat/Pattern/Markings: \_\_\_\_\_

## II. RECORD OF VACCINATION

Date	Vaccine
	<i>Panleukopenia</i>
	<i>Rhinotracheitis</i>
	<i>Calicivirus</i>
	<i>Chlamydia</i>
	<i>F. Leukemia</i>
	<i>Rabies</i>



I.D. Picture of Your Cat

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

Rabies Serial #: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Expiration 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	

IV. Veterinarian's Name \_\_\_\_\_ Phone No.: \_\_\_\_\_

DATE	CONDITION TREATED	EXPENSE

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 ITEMS	TOTAL
Oct.-Dec.	\$	\$	\$	\$	\$
Jan.-Mar.	\$	\$	\$	\$	\$
Apr.-Jun.	\$	\$	\$	\$	\$
July-Sept.	\$	\$	\$	\$	\$
<b>TOTAL COST</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>