



# Unit 16

## 4-H Cat Project Record Book

**(This book required to be returned/mailed to:  
Logan County 4-H Office, 980 N. Postville Drive, Lincoln, IL 62656)**

**DUE BY: JULY 16, 2021**



Place picture of your cat project here

**Member Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**4-H County:** \_\_\_\_\_ **Years in Project:** \_\_\_\_\_

**Name of 4-H Club:** \_\_\_\_\_ **4-H Year:** \_\_\_\_\_

**4-H member signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**4-H parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Information about My Cat

*(Use One Sheet per Cat)*

Name of cat \_\_\_\_\_

Breed of cat (if known) \_\_\_\_\_ Coloring \_\_\_\_\_

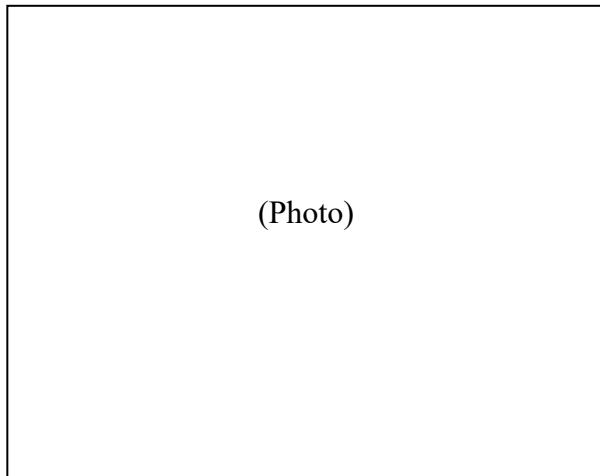
Longhair \_\_\_\_\_ Shorthair \_\_\_\_\_ (mark one)

Sex of Cat: Male \_\_\_\_\_ Female \_\_\_\_\_

My cat's age is: (if known) \_\_\_\_\_ Year of birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Unknown age but estimated: \_\_\_\_\_

### My cat was (mark all that apply):



\_\_\_ Already a family cat

\_\_\_ Gift

\_\_\_ Purchased

\_\_\_ Adopted from a shelter or rescue

\_\_\_ Other (please explain)

\_\_\_\_\_

My cat was acquired at: \_\_\_\_\_  
*(name of store, breeder, animal shelter, rescue ,etc)*

Was a fee charged? \_\_\_\_\_

Description of my cat *(include size, weight, color, and other identifying characteristics):*

\_\_\_\_\_

\_\_\_\_\_

Average time I spend with my cat each day *(observing, playing, exercising, caring, etc.):*

\_\_\_\_\_

\_\_\_\_\_

# Annual Feline Health Care Practices

*(Use one sheet per cat)*

For your cat to achieve and maintain optimal health, your local veterinarian should carry out the following health care practices each year. Please include the date for any health practice(s) your vet performs on your cat yearly.

<b>Vaccinations</b>	<b>Date</b>	<b>Parasite Control</b>	<b>Date</b>
Panleukopenia	_____	Fecal Exam	_____
Rhinotracheitis	_____	Deworm	_____
Calicivirus	_____	Product: _____	
Chlamydia	_____	Heartworm Check	_____
Leukemia	_____	Preventative: _____	
Rabies	_____	External Parasite Control	_____
Feline Infectious Peritonitis	_____	Product: _____	

Physical Exam \_\_\_\_\_

Dental Prophylaxis \_\_\_\_\_

Blood Work \_\_\_\_\_

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Does your cat have any medical conditions that require special medication(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

What medication(s)? \_\_\_\_\_

How often do you administer? \_\_\_\_\_

