

Carter County 4-H Cat ID

To participate in county or state 4-H cat activities, this form must be on file at the Extension Office by June 1st.

4-H Member Information

4-H MEMBER NAME: _____ 4-H YEAR: _____

PHONE NUMBER: _____

4-H Cat Information

CAT'S NAME: _____ BREED/TYPE: _____

DATE OF BIRTH: _____ MALE NEUTERED MALE FEMALE SPAYED FEMALE

THIS CAT IS MY PROJECT CAT FOR: SHOWMANSHIP HEALTH & GROOMING

Vaccination Record

Please attach a copy of your current vaccination records for this cat. They will likely have rabies, feline leukemia, and FVRCP for Feline Rhinotracheitis, Calicivirus, and Panleukopenia. Vaccine interval for kittens will be more frequent, but for adults, they will likely need to be updated every two years. Please consult your veterinarian if you have questions on what vaccines your cat should be receiving. We need a current vaccine record on file from your veterinarian and let them determine what vaccines and frequency those vaccines need to be given to your cat.

Cat Picture/Description

List colors & markings

Agreement

I certify this cat is a 4-H project for this year and the above information is correct to the best of my knowledge. I also agree to follow both county and state guidelines pertaining to the cat project.

Members: _____ Date: _____

Parent/Guardian: _____ Date: _____

YEAR	MEMBER	GAURDIAN

Carter County Extension Office: P.O. Box 371; Ekalaka, MT 59324 // Phone: (406) 775-6305

OFFICE USE ONLY
Date filed: _____



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EXTENSION

