RECORD SHEET
ST. JOSEPH COUNTY
4-H CAT HUSBANDRY PROJECT

NAME_____AGE_____YEAR_____

NAME OF CLUB_____YEAR ON CLUB WORK_____

DATE PROJECT STARTED_____DATE PROJECT COMPLETED_____

SIGNATURE OF LEADER_____DATE_____

****INFORMATION ABOUT YOUR 4-H CAT****

MY CAT'S NAME IS_____DATE OF POSSESSION_____

MY CAT IS: (CIRCLE ONE) KITTEN 4 MONTHS TO 1 YEAR
HOUSEHOLD PET
REGISTERED PET REGISTRATION NO._____

CAT'S AGE IS:_____ YEAR OF BIRTH_____MONTH_____DAY_____

KITTEN'S WEIGHT (BY MOTH) THROUGH 12 MONTH OF AGE: (IF KNOWN_

1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	10TH

4-H CAT IS OWNED BY (CIRCLE ON) MYSELF MY PARENTS

DATE OF SHOTS:

BOAH Requirements for Exhibition in Indiana
(IAC 345-7-5-21122)

	Date
Rabies vaccination	_____
Panleukopenia vaccination	_____
Rhinotracheitis vaccination	_____
Calcivirus vaccination	_____
Feline leukemia test	_____

(Must be within 180 days of show)

Call the Indiana Board of Animal Health at (317) 227-0320 with questions about exhibition requirements.

FEED & LABOR RECORD

	FEED			LABOR	
MONTH	TYPE OF FOOD	AMOUNT (CUPS, LBS, OZ.)	COST	HOURS SPEND GROOMING	HOURS SPENT PLAYING

RECORD OF: VETERINARY AND OTHER EXPENSES

DATE	ITEM OF SERVICE	COST