

CAT PROJECT RECORD (one form per cat)

Number of Years in Cat Project: _____

What are your goals for this project?

A. _____

B. _____

Cat's Name _____ Cat's Age _____ Male _____ Female _____

Breed of Cat _____ Purebred _____ Crossbred _____

Who owns the cat: _____

Immunization Record					
Type	Date Received	Booster Shot	Booster Shot	Booster Shot	Booster Shot
Rabies					
Distemper					
Parvo					
Lyme's					
Heartworm Exam					
Other _____					
Other _____					

Has your cat been neutered / spayed? _____ Yes _____ No

Type of cat food used: _____ Dry _____ Canned

Average amount fed per day: _____ Cups _____ Pounds

Average number of hours per week spent exercising your cat: _____ hours

Average number of hours per week spent grooming your cat: _____ hours

Veterinary Record

Date	Type of Service (i.e., neutering, checkup, dental care, etc.)

Type of Materials/Supplies or Equipment Used (note item and cost if applicable):

Example cat toys, harness, costume

Item: _____

Cost: _____

Item: _____

Cost: _____

Item: _____

Cost: _____

Total Cost to you (if any): _____

PROJECT MEETINGS

Number of project meetings held: _____ Number I attended: _____ County meetings I attended: _____

Number of hours spent on exhibits: _____

Summary of project work (challenges experienced, resources used, knowledge shared, progress made toward achieving goals or goals achieved, and what you will do differently next year).

Projects entered for fair	Project completed ✓	Ribbon placement

Please include a photo of your cat!