



Name:	Date:
County:	4-H Age:
Cat's Name:	Cat's Age:
Is your cat spayed or neutered? Yes or No	
How do you care for your cat?	
What vaccinations has your cat had? (Check all that apply)	

____Rabies

Panluekopenia	(FPL)
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Viral Rhinotracheitis (PVI	R)
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____Calcivirus (FCV)

Feline Luekemia (F	eLV)
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____Other: _____

What other health treatments does your cat receive? (Flea/tick preventative, dewormer, ear mites, etc.)

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What does your cat eat? How much? How often do you feed your cat? (You want to know the protein and fat content of your food.)

How often do you groom your cat? How do you do it?

How do you prepare for a show?

What makes your cat special?

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