



CAT IDENTIFICATION SHEET



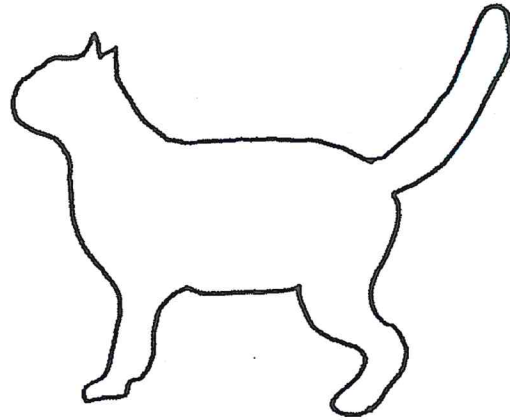
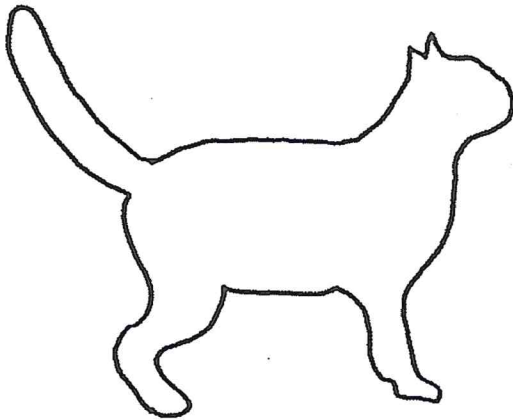
Members Name: _____ 4-H Age: _____

1. Name of Cat: _____ Breed: _____

Sex: Male Female Colors: _____

This cat is owned by: Me My Family A Friend (borrowed)

Please attach a photo of your cat or sketch here.

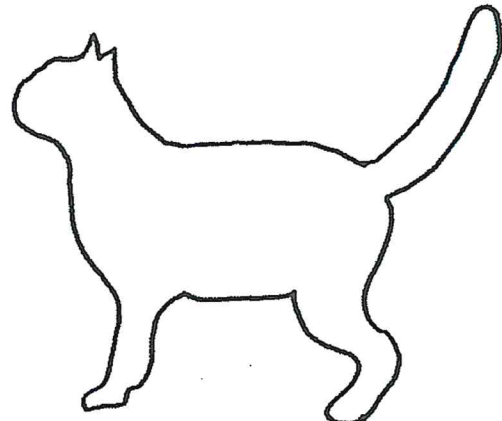
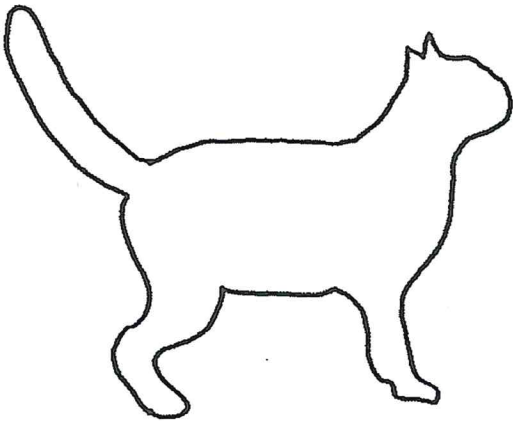


2. Name of Cat: _____ Breed: _____

Sex: Male Female Colors: _____

This cat is owned by: Me My Family A Friend (borrowed)

Please attach a photo of your cat or sketch here.



If the cat is owned by someone other than you or your immediate family, the owner must complete the following:

Owner Affidavit

The cat(s) described above, I certify that _____ has permission to use this/these animal(s) in their 4-H project. I understand that the 4-H member must manage (feed, groom, train, exercise, etc.) and have access to the animal(s) at least 75% of the time during the course of the project year to include at least May-July.

Date: _____ Print Owner of Cat: _____ Sign Owner of Cat: _____



**Nebraska 4-H (Revised – May 2017)
Certificate of Vaccination for Cats and Ferrets**

Exhibitor's Name _____ County _____

Address _____
(Street or P.O. Box) (City) (Zip)

Pet's Name _____ Age _____ Birth Date _____

Male Female Spayed/Neutered Species/Breed _____

Color/Markings _____

RABIES VACCINATION MUST BE GIVEN BY A CERTIFIED VETERINARIAN. ALL OTHER VACCINATIONS DO NOT NEED TO BE GIVEN BY A CERTIFIED VETERINARIAN. IF VACCINATIONS WERE GIVEN BY SOMEONE OTHER THAN YOUR VETERINARIAN, PLEASE ATTACH THE LABELS AND SIGN THE FORM BELOW. LABEL GUIDELINES SHOULD BE FOLLOWED TO DETERMINE LENGTH OF VACCINE EFFECTIVENESS.

Vaccinations required for Nebraska State Fair Companion Animal Show for cats and ferrets: All required vaccinations must be given within 1 to three year of the show date based on label guidelines. Cats should be vaccinated for Feline Leukemia (FeLV) or have proof on a negative test within 180 days of the show date.

Feline Vaccinations	Date Given	Viral Rhinotracheitis (PVR)	Ferret Vaccinations	Date Given
Rabies	_____	1 year <input type="checkbox"/>	Rabies	_____
1 year <input type="checkbox"/>		3 year <input type="checkbox"/>	1 year <input type="checkbox"/>	
3 year <input type="checkbox"/>		Calcivirus (FCV)	3 year <input type="checkbox"/>	
Rabies Tag No.	_____	1 year <input type="checkbox"/>	Rabies Tag No.	_____
		3 year <input type="checkbox"/>		
Panluekopenia (FPL)	_____	Feline Luekemia (FeLV)		
1 year <input type="checkbox"/>		Vaccination <input type="checkbox"/>		
3 year <input type="checkbox"/>		Negative test <input type="checkbox"/>		

I hereby verify that I am a licensed, accredited veterinarian and have vaccinated the above cat or ferret.

Clinic Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Administering Veterinarian's Name _____

Veterinarian's Signature _____ Date _____



Nebraska Extension is a Division of the Institute of Agriculture and Natural Resources at the University of Nebraska–Lincoln cooperating with the Counties and the United States Department of Agriculture.

The 4-H Youth Development program abides with the nondiscrimination policies of the University of Nebraska–Lincoln and the United States Department of Agriculture.