



4-H Cat Care Project

4-H 393

YEAR _____

NAME _____ Age _____

Years in Project _____ Years in 4-H _____

CAT INFORMATION

Cat Name _____

Cat Breed * _____

* If your cat is a mixed breed write "American shorthair".

Picture of your cat

Sex: Male or Female

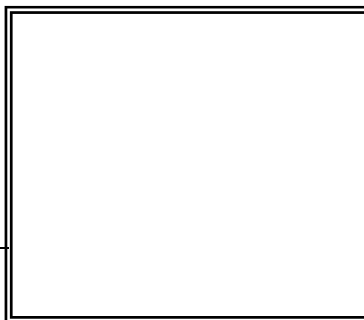
Color of fur _____

Color of eyes _____

Hair length: Short or Long

Cat's age _____

Date of birth _____



Write a brief paragraph about how you obtained your cat. ____

4-H Cat Care Project Objectives

- * Develop life skills by participating in fun, challenging, animal-related learn-by-doing experiences.
- * Learn basic principles of animal science by owning and/or caring for one or more cats and keeping records.
- * Identify breeds of cats, their characteristics, and care requirements.
- * Develop affection and assume responsibility for another being.
- * Develop integrity, sportsmanship, decision-making, and public speaking skills through participation in visual presentations, tours, community service, and/or exhibits.



*Educating
People to Help
Themselves*

It is the policy of the University of Maryland, Agricultural Experiment Station and Maryland Cooperative Extension, that no person shall be subjected to discrimination on the grounds of race, color, gender, religion, national origin, sexual orientation, age, marital or parental status, or disability.

Your Cat's Medical Record

How frequently do you take your cat to the veterinarian? _____

Inoculations

Has your cat received the appropriate inoculations? Provide the appropriate answers in the chart below. If you do not know the exact date, write "unknown" or give the approximate date(s).

<u>Inoculation</u>	<u>Date</u>	<u>Veterinarian's Name</u>
First enteritis (distemper)	_____	_____
Second enteritis	_____	_____
First pneumonitis	_____	_____
Second pneumonitis	_____	_____
First rhinotracheitis	_____	_____
Second rhinotracheitis	_____	_____
First calici virus	_____	_____
Second calici virus	_____	_____
First rabies	_____	_____

Booster shots

On the lines below, list the year your cat was given a booster shot for the diseases listed.

Enteritis _____ Pneumonitis _____
Rhinotracheitis _____ Calici _____
Rabies _____

Other Health Information

Has your cat been wormed? Yes No Date wormed _____

Was your cat neutered or spayed? (circle one and give date)
Male Female Neutered _____ Spayed _____

Has your cat been sick? Yes No
If yes, describe the symptoms and how you cared for your cat. _____

Has your cat been involved in any accidents? Yes No
If yes, describe what happened and how you cared for your cat. _____

Your Cat's Feeding Record

How many times a day to you feed your cat? _____

What type of food do you feed your car? (circle) canned semi-moist dry

How much do you feed your cat (¼ cup, ½ cup, 1 cup, etc.) _____

Canned _____ Semi-Moist _____ Dry _____

Does your cat have water available at all times? Yes No

For one week, keep track of how you feed your cat: when, how much, and what you feed him or her.

List the dates that this week covers: _____ to _____.

Day	Type of food	Amount	Number of times fed
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Cats have a reputation of being “independent”. Have you been able to teach your cat any ‘tricks’?

Discuss your experiences. _____

Visual Presentations

Date	Title	Local (L) Regional (R) , or State (S)	Placing
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Exhibits

Date Name of Show Where No. in Class Placing Premiums Won

Citizenship/Community Service

List any citizenship and/or community service activities you have done as part of your cat project.

What you did Where Number in audience

Leadership

List any leadership activities you did this year as part of your cat project.

What you did Where Number in audience

This project has been completed including a demonstration, an oral presentation, and an exhibit.

4-H Members' Signature

Date

Parent's Signature

Date

Volunteer's Signature

Date

Educator's Signature

Date