

Oakland County Faír Cat Record



ALL ABOUT YOUR CAT

Name of your cat						
Breed				🗆 Sho	ort hair	Long hair
Date of birth if known						
Sex	٦F	□ M	Fixed ?	□ No □	⊐ Spaye	ed 🗅 Neutered
Is your cat registered?	🗆 No	□ Yes If	yes, with v	whom		

How and when did you acquire your cat?

Do you groom your cat? D No D Yes If yes, describe the process.

Do you clip your cat's nails? Do No D Yes If yes, describe the process and how often you clip.

Has your cat been sick this past year? If yes, please explain?

Did your cat visit the vet this past year??	🗆 No 🖾 Yes	If yes, when and why?
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If no, when was the date of your last vet visit? ___/ ___/

Vaccine Records (attach a copy	of the	e cat's	s vaco	cine reco	ord to this repo	ort)		
Date of last Distemper vaccine	(/	/)	Expires (/	/)
Date of last Rabies vaccine	(/	/)	Expires (/	/)

Please list any showing or exhibiting activities you have done with your cat.

What have you learned from your cat?

Tell us a brief story about your cat. What you have enjoyed about having your cat?

PHOTO - Include a picture of you and your cat.

Youth Name

Age (as of 1/1 of current year)