



Oakland County Fair Cat Record



ALL ABOUT YOUR CAT

Name of your cat			
Breed	<input type="checkbox"/> Short hair <input type="checkbox"/> Long hair		
Date of birth if known			
Sex	<input type="checkbox"/> F <input type="checkbox"/> M	Fixed ?	<input type="checkbox"/> No <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
Is your cat registered?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, with whom		

How and when did you acquire your cat?

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

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

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) _____