

## 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? |
|---|------------|-----------------------|
|---|------------|-----------------------|

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)