

**NOTICE: This form must be completely filled out and signed before it will be accepted.**

**Livingston Co. 4-H CAT PROJECT May 1<sup>st</sup> Form  
4-H Member's Record**



Member Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Member 4-H Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Years in Project: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

4-H Club Name: \_\_\_\_\_

Project Leader Name: \_\_\_\_\_

**Information About Your Cat**

Cat's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate, if known: \_\_\_\_\_



*Attach a picture of your cat here*

**RETURN THIS FORM TO THE EXTENSION OFFICE NO LATER  
THAN MAY 1<sup>ST</sup> by 5:00 p.m.**

**Please be sure to attach a copy of the following:**

- 1.) Your cat's rabies vaccination certificate from a veterinarian showing shots current through week of fair.
- 2.) Proof of current **Rabies vaccination is required and Feline Distemper shot** and must be turned in with May 1<sup>st</sup> form.
- 3.) Feline Leukemia is recommended but not required.

*I have read the above information and acknowledge it is correct.*

\_\_\_\_\_  
Signature of 4-H Member

\_\_\_\_\_  
Date