

cat I.D. FORM



UNIVERSITY
OF WYOMING
EXTENSION



NAME OF 4-H MEMBER: _____

4-H CLUB NAME: _____

NAME OF CAT: _____

BREED OF CAT: _____

SEX OF CAT: _____

COLOR AND DESCRIPTION OF CAT:

MAKE SURE TO NOTATE SPECIAL MARKINGS
(EAR TIPPING, LOCKET, SOCKS, LONG/SHORT HAIR, NOT TAIL ETC.)

VACCINE INFORMATION::

VACCINE	DATE RECEIVED
RABIES	_____
DISTEMPER	_____
LEUKEMIA	1 YEAR: _____ 3 YEAR: _____

VACCINATIONS SHOULD NOT BE RECEIVED WITHIN 3 WEEKS PRIOR TO SHOW. A COPY OF VACCINATIONS MUST ACCOMPANY THIS CAT. I.D. ALL VACCINES MUST COME FROM A LICENSED VETERINARIAN.