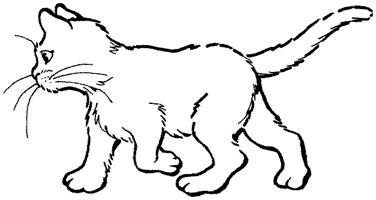
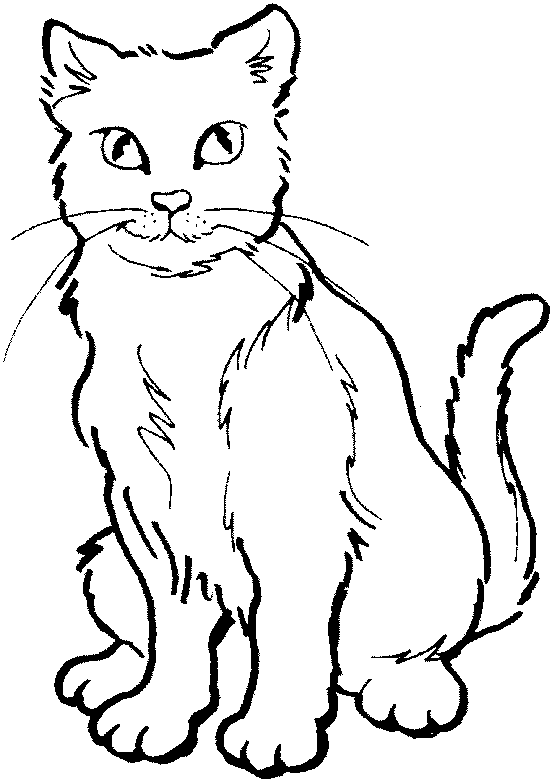
**2023 NATRONA COUNTY 4-H/FFA CAT OWNERSHIP I.D. CERTIFICATE**

# THIS FORM DUE BY MAY 1, 2023

ANMPT002.TIF

**Member’s Name Common Call Name of Cat**

**Mailing Address Breed Variety**

**City/State/Zipcode Phone # Cat's Birthdate (MM/DD/YYYY) Male or Female**

**Owner’s Name (Required by State 4-H to be immediate family member) Name of 4-H Club/FFA Chapter**

**Registration Organization (If applicable) `**

**Registered Name of Cat (If applicable) Registration ID# (If applicable)**

**Identification of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Brands, color, markings, notches, scars, tattoos, etc. Identify as thoroughly as possible.**

**When was animal acquired for project (MM/DD/YYYY)?**

**When was animal in your possession for project (MM/DD/YYYY)?**

**Date of Last Rabies Shot Date of Last Distemper Shot**

**\*\*\* Animal’s Health Record Must Be Attached. \*\*\***

**FILED IN COUNTY OFFICE:**

**4-H Educator Signature Date**

**Member Signature Date**

**Parent/Guardian Signature 4-H Leader Signature**

## I certify that this is a 4-H project this year and that the above information is correct to the best of my knowledge.