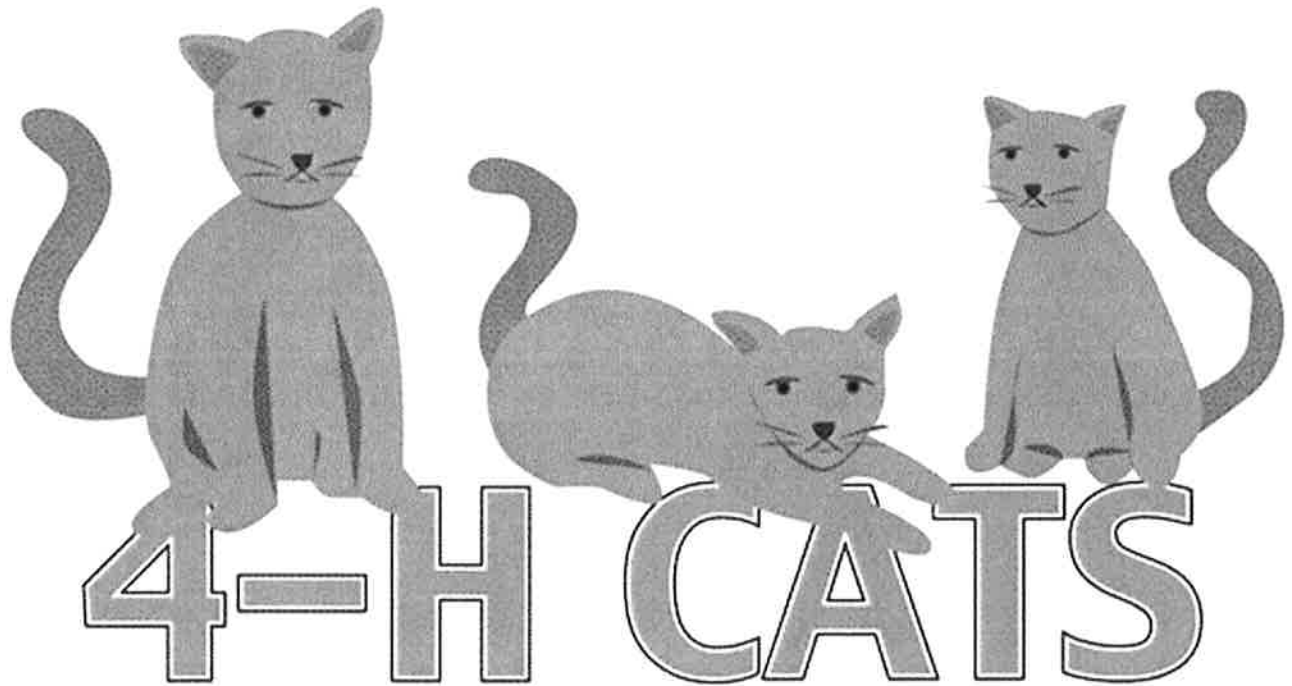


# Cat Record Book



Name: \_\_\_\_\_

Year in Project: \_\_\_\_\_

Club: \_\_\_\_\_

Age: \_\_\_\_\_

# Information about My Cat

*(Use One Sheet per Cat)*

Name of cat \_\_\_\_\_

Breed of cat (if known) \_\_\_\_\_ Coloring \_\_\_\_\_

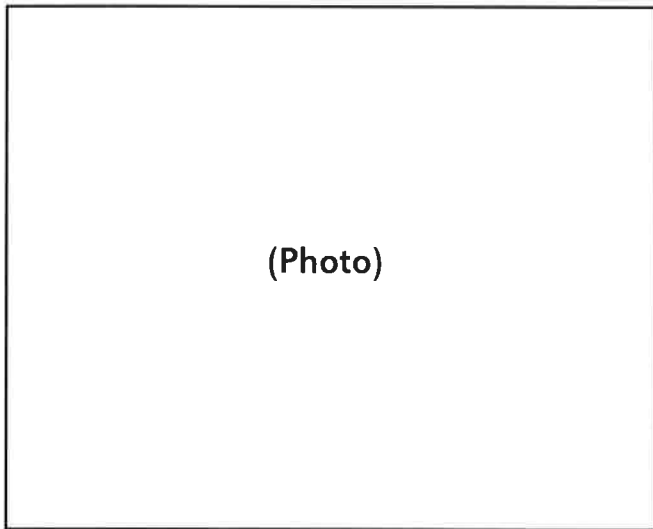
Longhair \_\_\_\_\_ Shorthair \_\_\_\_\_ (check one)

Sex of Cat: Male \_\_\_\_\_ Female \_\_\_\_\_

My cat's age is: (if known) \_\_\_\_\_ Year of birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Unknown age but estimated: \_\_\_\_\_

## My cat was (check all that apply):



\_\_\_ Already a family cat

\_\_\_ Gift

\_\_\_ Purchased

\_\_\_ Adopted from a shelter or rescue

\_\_\_ Other (please explain)

\_\_\_\_\_

\_\_\_\_\_

My cat was acquired at: \_\_\_\_\_

*(name of store, breeder, animal shelter, rescue, etc)*

Was a fee charged? \_\_\_\_\_

Date I started my project: \_\_\_\_\_ Date I completed my project: \_\_\_\_\_

Description of my cat (include size, weight, color, and other identifying characteristics):

\_\_\_\_\_

\_\_\_\_\_

Average time I spend with my cat each day *(observing, playing, exercising, caring, etc.):*

## Cat Care

*(Use One Sheet per Cat)*

How often do you clean your cat's litter box? \_\_\_\_\_

What kind of food do you feed your cat? \_\_\_\_\_

How often do you clean your cat's food and water containers? \_\_\_\_\_

How often do you play with your cat? \_\_\_\_\_

How often do you brush your cat? \_\_\_\_\_

How often do you take your cat to the veterinarian? \_\_\_\_\_

What is your cat's favorite food? \_\_\_\_\_

What is your cat's favorite place? \_\_\_\_\_

What is your cat's favorite toy? \_\_\_\_\_

What is your cat's favorite thing to do? \_\_\_\_\_

Does your cat do any tricks? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What do you do to keep your cat healthy? \_\_\_\_\_

Does your cat have any particular habits? \_\_\_\_\_

Has your cat ever:

Been sick? \_\_\_\_\_

Been hurt? \_\_\_\_\_

Been lost? \_\_\_\_\_

Been neutered or spayed? \_\_\_\_\_

Do you have other pets? (include their names and species):

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# Annual Feline Health Care Practices

*(Use one sheet per cat)*

For your cat to achieve and maintain optimal health, your local veterinarian should carry out the following health care practices each year. Please include the date for any health practice(s) your vet performs on your cat yearly.

Vaccinations	Date	Parasite Control	Date
Panleukopenia	_____	Fecal Exam	_____
Rhinotracheitis	_____	Deworm	_____
Calicivirus	_____	Product:	_____
Chlamydia	_____	Leukemia	_____
Rabies	_____	External Parasite Control	_____
		Product:	_____

Physical Exam \_\_\_\_\_

Dental Prophylaxis \_\_\_\_\_

Blood Work \_\_\_\_\_

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Does your cat have any medical conditions that require special medication(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

What medication(s)? \_\_\_\_\_

How often do you administer? \_\_\_\_\_

## Cat Feed Expenses (E1)

Date	Type of food Purchased	Amount and Quantity	Cost	Comments
<b>Total for Year</b>				

## Miscellaneous Expenses (E2)

Date	Item purchased or service performed	Reason for item purchase	Cost	Comments
Total for Year				

# Health/Medical Expenses (E3)

Date	Treatment or Service	Performed by	Reason for treatment of service	Cost	Comments
Total for Year					

