

4-H Cat Project

Certificate of Inoculations and Health Care

Please have your veterinarian complete the bottom portion. Bring completed form with you to youth show.

Exhibitor name _____ 4-H Age _____

Name of Club _____ Year in Project _____

Name of Cat _____ Breed _____ Reg'd Y N

My cat is (check): Male ___ Female ___ Spay/Neutered ___ Birth Date _____

My cat is (check): Indoor only ___ Outdoor only ___ Goes both Indoor/Outdoor ___

All entries must be current on vaccines for Feline Respiratory Complex aka Distemper (Rhinotracheitis, Calicivirus, Panleukopenia) and Rabies. All entries must have history of a negative FIV/Leukemia test. **Leukemia Vaccine is required for any entry allowed outdoors.** All entries must have a negative fecal sample within 6 months of show.

This section to be completed by Veterinarian

Date of vaccine; Distemper _____ Rabies _____ (circle) 1yr 3yr

Date of negative FIV/Leukemia test _____ Date of Leukemia vacc _____

Fecal Analysis _____ Result _____ If positive, date of Treatment _____

Veterinary Hospital _____ Phone _____

Veterinarian _____ Signature _____