** CATS**

 **4-H PROJECT RECORD**

  **(Maximum two photos per animal/ item)**

**This year’s goals:**

|  |
| --- |
| **Project animal(s)/item(s):**  |
|  |
|  |
|  |
|  |
|  |

**What I did and learned in this project this year:**

**Achievements/Accomplishments:**

**Problems and solutions:**

**Where/who I received help from and how they helped:**

**Examples of leadership:**

**Future goals:**

**Cats Financial Report**

**Expenses:**

1. Total food cost: $ (cost/bag: , total dry food used in lbs: )

 (cost/can: , total canned food used in cans: )

1. Total treats cost: $
2. Health records and veterinary costs: (List below any immunization, worming and other treatments)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Condition treated | Treatment used | Other information | Cost |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Supply costs: (List supplies purchased on chart below with each cost)

|  |  |  |
| --- | --- | --- |
| Date | Item purchased | Cost |
|  |  |  |
|  |  |  |
|  |  |  |

1. Other expenses: (if none, mark N/A)
2. Entry fees: (if none, mark N/A)

Total expenses (A through F):

**Income:**

1. Fair premium(s):
2. Other income: (if none, mark N/A)

Total income (G through H):

**Profit or Loss:**

**Cat Record**

**(Please fill out one sheet per cat)**

**My cat’s name: Age: Sex:**

**Spayed/Neutered:**

**Description of your cat:**

**Number of years this cat has been in the 4-H cat project:**

**Date of:**

**Rabies immunization:**

**Distemper:**

**Feline leukemia:**

**Worm/fecal check:**

**Other:**

 **MY 4-H YEARLY PROJECT-RELATED ACTIVITIES**

 (**4-H AND NON - 4-H ACTIVITIES)**

 **(Maximum two photos per EVENT)**

**Date: Event:**

**What I did and learned:**

**Date: Event:**

**What I did and learned:**