ANOKA COUNTY 4-H
4-H Cat Identification/Health Certificate

ABOUT YOU
Your Name _____________________________    Parent Name __________________________________
E-Mail ___________________________________________    Phone ______________________________

ABOUT YOUR CAT
Cat's Name ___________________________________  Cat’s Date of Birth ____________________
Sex ________  Breed ___________________________________________

Attach a photo of your cat on the back of this form. (Optional)

HEALTH REQUIREMENTS
REQUIRED
☐ Rabies    Date Given __________________      Date Re-Vaccination Due ___________________

**All cats must be immunized for rabies and no later than two weeks before a show.

PREFERRED
Shots my Cat has had:
☐ Enteritis
☐ Rhinotracheitis
☐ Calici Virus
☐ Feline Leukemia
☐ Wormed
☐ Other _____________________________________________________________________

4-H Member Signature _____________________________________________________________

Return before bringing your cat to a 4-H event:
Anoka County 4-H
550 Bunker Lake Blvd NW
Andover, MN  55304
Fax:  763-755-6950
Scan & email to:  ferqu029@umn.edu