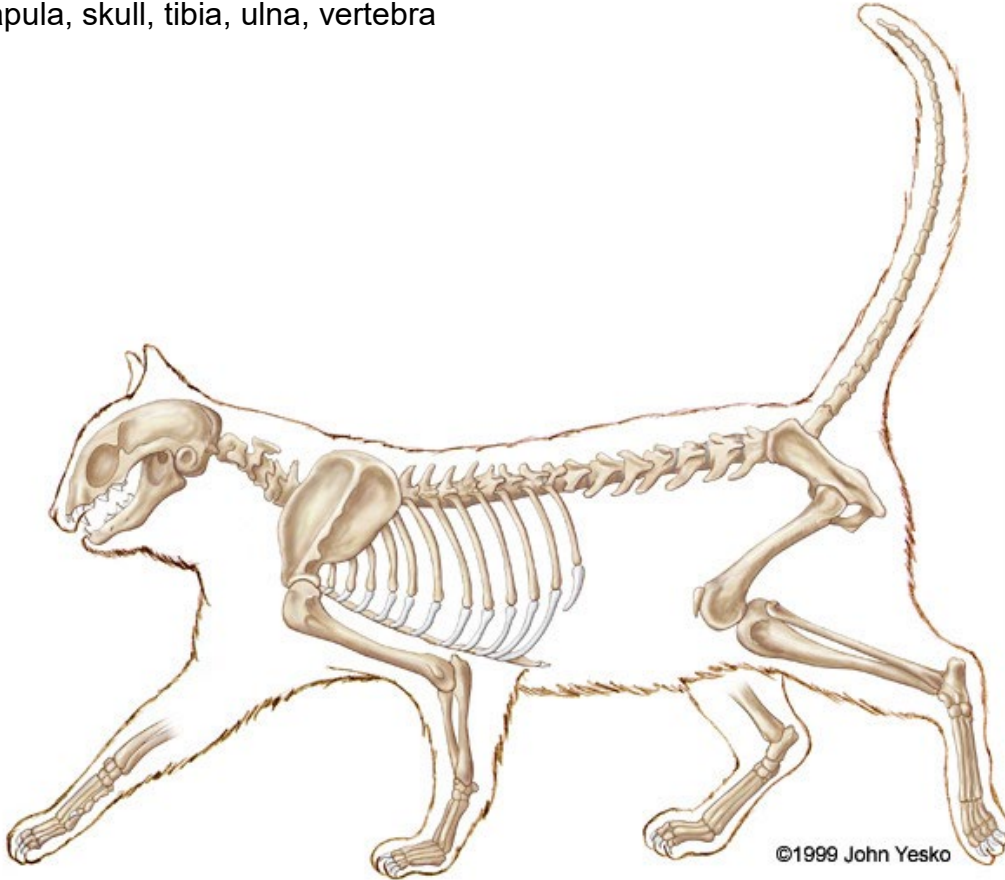


# 4-H Cat

Noble County  
Record Sheet D  
Grades 9-12

Name: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

1. Label the following parts: carpus, femur, humerus, mandible, pelvis, phalanges, radius, scapula, skull, tibia, ulna, vertebra



2. How high can a cat jump? \_\_\_\_\_

3. Why is a cat's tail so important? \_\_\_\_\_

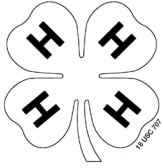
\_\_\_\_\_

4. How can a cat squeeze into tight spaces? \_\_\_\_\_

\_\_\_\_\_

5. Choose a poison from the Household poison list on pages 330-331. List the poison, the signs of ingestion, and treatment. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
6. What is an agouti hair? \_\_\_\_\_
- \_\_\_\_\_
7. What is the “third eye lid” and what does it do? \_\_\_\_\_
- \_\_\_\_\_
8. Describe Feline leukemia virus, how it is contracted and the side effects. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Describe the function of each part of the digestive system.

mouth	
esophagus	
stomach	
small intestine	
large intestine & anus	
liver	
pancreas	



# 4-H Cat

Noble County  
Record Sheet D  
Grades 9-12

Name: \_\_\_\_\_ 4-H Club \_\_\_\_\_

Years in 4-H: \_\_\_\_\_ Years in Cat Project: \_\_\_\_\_

## Information About Your Cat

Cat's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

### Use Chapter 2 in Cat Manual to complete this section:

Breed: \_\_\_\_\_ Purebred \_\_\_ Mixed \_\_\_ Longhair \_\_\_ Shorthair \_\_\_

Color & coat pattern \_\_\_\_\_

Body type \_\_\_\_\_ Head Shape \_\_\_\_\_

Eye type \_\_\_\_\_ Polydactyl \_\_\_\_\_ yes \_\_\_\_\_ no

Date project started \_\_\_\_\_ Vaccination Date(s) \_\_\_\_\_

## Summary of Expenses (see next page)

Feed Cost \_\_\_\_\_

Health Care & Veterinary Expenses \_\_\_\_\_

Equipment & Supplies \_\_\_\_\_

Miscellaneous Expenses \_\_\_\_\_

**Total** \_\_\_\_\_

## Expense Record

1. The following tables are designed to be a diary of expenses. Use additional sheets as necessary.
2. If you have more than one cat, divide the cost and enter only the portion used by this cat.
3. Transfer the totals to the Summary of Expenses on front.

### Feed Cost

Date	Item Purchased	Units or Volume	Unit Cost	Total Cost
<b>Total Cost</b>				

### Health Care & Veterinary Expenses

(shots, neutering, medicine, routine check-up, etc.)

Date	What Was Done	Cost
<b>Total Cost</b>		

### Miscellaneous Expenses

Date	Item Purchased	Cost
<b>Total Cost</b>		

### Equipment & Supplies

(leash, collar, comb/brush, toys, beauty aids, etc.)

Date	Item Purchased	Cost
<b>Total Cost</b>		