<div align="center">

Cass County Fair
CAT REGISTRATION FORM
Due June 17

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Instructions:
1. Form must be **completed in its entirety**.
2. Attach a copy of current vaccinations. (Must update if expires prior to fair exhibition date.)
3. Return form and proof of vaccinations to the MSU Extension office (120 N. Broadway, Suite 209, Cassopolis, MI 49031) no later than June 17.

Exhibitor Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: ___/___/___   Age as of January 1 of current year: _____   Phone: _____

4-H Club: _____   Leader's Name: _____

Address where cat is kept: _____

I wish to register the following animal for my 4-H project. Check the appropriate box below:

- ☐ I own this cat, and as such, am the sole exhibitor, and responsible for the care, and training of it.
- ☐ I lease this animal; I am the sole exhibitor, and responsible for the care, and training of it.
- ☐ I borrow this animal; I am the sole exhibitor, and responsible for the care, and training of it.

Cat Information

1. This animal is a: ☐ Cat   ☐ Kitten (under 1 year of age)

2. Sex: ☐ Male   ☐ Female   ☐ Spayed   ☐ Neutered

3. Height at withers _____ inches

4. This cat is a: ☐ Purebred   ☐ Mixed   Registration Number: _____

5. Breed (if not registered, put breed most resembles): _____

6. Color of cat: _____   7. Name of animal: _____

8. Cat's date of birth: _____/_____/_____

9. Rabies Expiration Date _____/_____/_____   Distemper Expiration Date _____/_____/_____

Veterinary Signature / Veterinary Stamp

To the best of my knowledge, this animal is capable of showing at the Cass County Fair per health and temperament. List any concerns:

_____
_____

Veterinary Stamp:

Signature: _____

Veterinary Address, Phone :

Description of Markings

List all markings (blaze, white paws, etc.), scars, or other marks due to injury or deformity that can be used for means of identification.

_____
_____
_____

ATTACH PHOTOGRAPHS TO THIS FORM

I certify that the previous statements are true, and agree that false records or unauthorized substitutions will disqualify me from completing this project and forfeit any awards, premiums, or trips which I might otherwise be entitled in this project.

Signature of Participant _____   Date _____

APPROVAL:

Signature of Parent/Guardian _____   Date _____

Signature of Project Leader _____   Date _____

AUTHORIZATION FOR SUBSTITUTION

Date of substitution _____   Reason for substitution _____

Identification of mark and breed _____

Attach copy of completed Cat Registration form for substituted cat along with vaccination records.

Extension 4-H Youth Coordinator _____   Date _____

Cass County Fair Cat Superintendent _____   Date _____

ALL SIGNATURES ARE REQUIRED FOR A VALID ENROLLMENT