THE CAT FANCIERS' ASSOCIATION, INC.

Youth Feline Education Program

Cat Show / Health Records

YFEP Participant Name_____ Participant Division _____

Name of Cat _____

Call Name_____Age of Cat_____Birthdate if known (month/day/year): _____

Coat Length (circle one): **LONGHAIR** **SHORTHAIR** Sex (circle one): **FEMALE** **MALE** **SPAY** **NEUTER**

Color and Pattern: _____

Do you own your cat yourself? (circle one) **YES** **NO**

How did you get your cat? _____

Is your cat a CFA registered purebred cat? (circle one) **YES** **NO**
If Yes, fill out the following section about your cat:

CFA Registration No.:_____Breed / Division: _____

Sire: _____

Dam: _____

Breeder: _____

Titles and awards earned: _____

Optional: Attach a picture of your cat, or draw a picture here.

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YFEP Participant Name_____ Participant Division _____

Date	Show and Class	Ring 1	Ring 2	Ring 3	Ring 4	Ring 5	Ring 6

Example:

Date	Show and Class	Ring 1	Ring 2	Ring 3	Ring 4	Ring 5	Ring 6
8/10	*Hidden Peak Open Premier*	*Winners*	*Winners*	*Winners*	*Winners*	*Winners*	*Winners*
9/15	*National Capital Premier*	*2nd SH Premier 12 pts*	*Best AB Premier 25 pts*		*2nd SH Premier 12 pts*		

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YFEP Participant Name_____ Participant Division _____

Date	Event	Notes

Example:

Date	Event	Notes
5/23	*last set of kitten shots* *Dr Johnson*	*weight 4 lbs*
6/10	*spay surgery* *Dr Smith*	*everything OK*

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