

**FELINE CONTROL COUNCIL (VICTORIA) Inc**

**P.O. Box 110 BAYSWATER Vic 3153**

# Tel: (03) 9720 8811 Email: secretary@fccv.com.au

Registered No: A0023723Y ABN 87 706 132 139

Applicable Organisation under Domestic Animals Act

*PATRON*: Jack Rae OAM

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**APPLICATION FOR LITTER / KITTEN REGISTRATION**

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| --- | --- | --- |
| **NAME OF SIRE** | **SIRE’S REG NO** | **BREED, COLOUR (AND PATTERN IF APPLICABLE)** |
|  |  |  |

NOTE: If sire is registered other than with the Feline Control Council (Vic.) a **normal four-generation pedigree** (complete with colour in words and REGISTRATION numbers)

must be furnished with this application. This incurs the same fee as a transfer into FCCV.

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| --- | --- | --- |
| **NAME OF DAM** | **DAM’S REG NO** | **BREED, COLOUR (AND PATTERN IF APPLICABLE)** |
|  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE OF SERVICE | | | DUE DATE | | | DATE OF BIRTH | | | NUMBER OF LIVING PROGENY | |
| **DAY** | **MONTH** | **YEAR** | **DAY** | **MONTH** | YEAR | **DAY** | **MONTH** | **YEAR** | **MALE** | **FEMALE** |
|  | | |  | | |  | | |  |  |

|  |  |  |
| --- | --- | --- |
| **NAME OF SIRE’S OWNER:** | **SIGNATURE:** | **MEMBERSHIP NO:** |
| **ADDRESS:** | **POSTCODE:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF BREEDER** | | | | |
| **MR/MRS/ MS/MISS** | INITIALS: | SURNAME: | DAYTIME CONTACT NUMBER: | BREEDER’s SOURCE NUMBER: |
| **ADDRESS:** | | | | |

I HEREBY CERTIFY that the information given is true and correct to the best of my knowledge and belief, and I make application for the Registration of the kitten/s herein

referred to in accordance with the provision of the Rules and Regulations of the Feline Control Council (Victoria) Inc.

*By submitting this signed application form, I am confirming I have read and will comply to the FCCV Code of Practice (FCCV website download) and Victorian Government Legislation, Domestic Animals Act 1994, Amendments April 2013, and PFPS Bill December 2017.*

**SIGN: DATE:**



**Feline Control Council (Victoria) Inc.**

**(Member of the Co-Ordinating Cat Council of Australia)**

Registered No: A0023723Y ABN 87 706 132 139

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**APPLICATION FOR LITTER / KITTEN REGISTRATION**

* Names including the prefix shall not exceed 25 letters including spaces.
* The use of numbers, apostrophes and hyphens are not permitted
* The use of names of towns, places, countries, notable persons, common names, or names that are misleading as to sex, origin or relationship may be refused.
* Applications for registration of cats shall only be accepted for breeds and colours recognized by the Committee of the FCCV and such applications shall only be

accepted if the breeder’s declaration set out below is signed by the breeder. **No changes to the original application will be accepted**.

* All litter kittens’ sex, breed and colour to be listed. Common names only to be provided for individual registrations.

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| --- | --- | --- | --- | --- |
| **BREEDER’S PREFIX** | **BREEDER’S FCCV MEMBERSHIP NO:** |  | **BREEDER’S SOURCE NO:** |  |

**DETAILS OF KITTENS TO BE REGISTERED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1ST  & 2nd CHOICE NAME** | **Microchip Sticker**  **ONLY WRITTEN NUMBERS NOT ACCEPTABLE** | **M/F/N/S** | **BREED, COLOUR (AND PATTERN IF APPLICABLE)** | **OFFICE USE ONLY (REG#)** |
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**Please make sure that ALL details have been supplied – application form will be returned if not fully completed. SOURCE NUMBER MUST BE INCLUDED ABOVE.**

**TO CONFORM WITH STATE GOVERNMENT REQUIREMENTS REGARDING TRACEABILITY, *LITTER-ONLY REGISTRATION IS NO LONGER POSSIBLE.***

**All live kittens must be registered individually, with microchip stickers included. Fees include a litter certificate for the entire litter and a pedigree for each kitten.**

**FEES - 1 Kitten $25.00, 2 Kittens $30.00, 3 Kittens $35.00, 4 Kittens $40.00, 5 Kittens $45.00, 6 kittens & over $50.00. TOTAL: $**  \_\_\_\_\_\_\_\_\_

**(Litter registrations will not be accepted for kittens aged 12 months & over. $25.00 extra fee for all litters aged 6 months & under 12 months)**

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| **RETURN COMPLETED TOGETHER WITH FEE TO:**  THE SECRETARY  FELINE CONTROL COUNCIL (VICTORIA) INC  P.O. Box 110 BAYSWATER VIC 3153 Telephone (03) 9720 8811 Email: secretary@fccv.com.au | **Direct Banking Details:**  BSB: 013 – 260 A/C: 4400 42036  Account Name: Feline Control Council  Please mail or email a copy of the banking receipt with your work to be processed. |