Forward to:

Cats WA

FEE: \$10.00 Per kitten

Feline Control Council of WA (Inc)
MEMBER BODY OF AUSTRALIAN CAT FEDERATION (INC).

CatsWA PO Box 915, CANNINGTON WA 6107

Email: CatsWA01@gmail.com

APPLICATION FOR REGISTRATION OF A LITTER

Membership No:		Breede	er's Prefix:	Date of S	Service:	Date of Birth:	Kittens Now Living:			ng:		
							М			F		
Sire:				Breed & Colour:								
Registration No:					Microchip No:							
Dam:					Breed & Colour:							
Registration No:					Microchip No:							
Name of Kitten		Sex	Breed		Colour & Pattern		Reg. No. Micro		croc	hip No.		
NAME OF DAM'S O	WNER(S)			NA	ME OF S	IRE'S OWNER(S)						
PLEASE USE BLOCK LE	TTERS:			Sig	ned:							
NAME:				NA	ME:							
ADDRESS:				AD	DRESS:			SUBURB:				
SUBURB:			PC:	PC	:	PHONE:						
PHONE:				AS	SOC:			MEMBER #	#:			
BREEDER'S DECLARATION TERMS & CONDITIONS												
Note: Only the Breeder may make application for the registration of said kittens. I hereby certify that the information given above is true and correct to the best of my knowledge and belief. And I make application for the registration of the kittens herein, in accordance with the previsions of the Rules, Code of Ethics and Regulations of the FCC of												
WA (Inc). Signed: Date:					Certificate of Registration MUST be attached to this form. • The FCC of WA (Inc) accepts no responsibility for incorrect information on this form.							

Details of New Owners for Sold Kittens

Kitten Name	Owners Name	Address	Phone number	Pet/Breeding		
Please complete	the transfer on the back	of the registration pedigree for kittens not sold at	the time of registration. A	late fee of \$2 per		
	kitten, po	er week will apply for litters registered after 14 we	eks of age			
PAYMENT METHOD						
PATMENT METHOD	CASH CHEC	QUE MONEY ORDER Payable to the: CatsWA (Inc) D	IRECT DEPOSIT			
You must use your Sur	name & Membership as the descr	add this onto the total payment below ription for the deposit. iii a copy to the office, as no work will be done without payment being verified.)				
DESCRIPTION USED:_		DATE OF PAYMENT: AMOUNT PAID				
	BSB:	036-224 Acc No: 298699 Acc Name: CatsWA Bank: We s	stpac			
OFFICE USE ONLY						
MEMBER #:	CARD/S ISSU	JED: YES NO RECEIPT#:				
AMOUNT PAID:	PAYMENT METHOD	D: DATE: SIGNED	:			