



FELINE CONTROL COUNCIL (VICTORIA) Inc.

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Registered No: A0023723Y

ABN 87 706 132 139

Applicable Organisation under Domestic Animals Act

VETERINARY HOUSE / CATTERY INSPECTION FORM

NAME: _____ MEMBERSHIP NO: V

ADDRESS OF INSPECTION TOOK PLACE: _____

NUMBER OF CATS CHECKED: _____

(if vetted out at a show all cats within the house/cattery must be cleared and listed below)

NAME OF CAT	BREED	MICROCHIP NO	DOB	VET'S INITIALS

(Please print another form if more than 10 cats)

I have examined ALL cats within this house/cattery and confirmed they are free of any contagious, infectious or transmittable diseases.

VET'S NAME:		REGISTRATION NO:	
VETERINARY CLINIC:		TEL NO:	
VET'S SIGNATURE:		DATE:	

Stamp of vet clinic **MUST** be used if there is one. Form must be signed and dated by the veterinarian who complete the clearance.