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| **FELINE CONTROL COUNCIL (VICTORIA) Inc**  **P.O. Box 110 BAYSWATER Vic 3153**  **Tel**: (03) 9720 8811 **Email**: [**secretary@fccv.com.au**](mailto:fccv@hotkey.net.au)  Registered No: A0023723Y ABN 87 706 132 139  Applicable Organisation under Domestic Animals Act  *PATRON*: Jack Rae OAM |
| APPLICATION FORM FOR THE RE-REGISTRATION OF A CAT REGISTERED WITH ANY OTHER CONTROLLING BODYNOTES  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1. Please use ink. Only BLOCK CAPITALS accepted 2. The initials of the State in which the cat was bred   must be shown after the name. Also, the original  registration number. | | | 3. This form is to be used by all members of the Feline Control Council (Victoria) Inc. when re-registering a cat registered with any other controlling body.  4. This application must be accompanied by a “Certified Pedigree” in your name  prepared by the controlling body the animal is being transferred from. | | | | | | **BREED** | **SEX** | | | **MICROCHIP No.** | | | | | **COLOUR** | **DATE OF BIRTH** | | | **SOURCE No.** | | | | | **NAME OF CAT** | | | | **REGISTERED No.** | | | | | **SIRE** | | | | **REGISTERED No.** | | | | | **DAM** | | | | **REGISTERED No.** | | | | | **NAME OF BREEDER: Mr/Mrs/Miss/Ms** | | | | | | | | | **ADDRESS** | | | | | | | **POSTCODE** | | **EMAIL ADDRESS** | | | | | **PHONE No.** | | | | **NAME OF OWNER: Mr/Mrs/Miss/Ms** | | | | | **MEMBERSHIP No.** | | | | **ADDRESS** | | | | | | | **POSTCODE** | | **EMAIL ADDRESS** | | | | | | **PHONE No.** | | | **DECLARATION TO BE SIGNED BY THE OWNER(S)**  *I/We certify that to the best of my/our knowledge and belief, the above particulars are correct and I/we agree to become bound by the Constitution, Rules and Regulations, and Code of Conduct (Ethics) of the Feline Control Council (Victoria) Inc., and any decisions of the Committee of Management of the Feline Control Council (Victoria) Inc. ) and abide by all requirements of the Victorian Government Legislation, Domestic Animals Act 1994, Amendments April 2013 & PFPS Bill December 2017.*  **SIGNED DATE:** | | | | | | | | | This application must be accompanied by: | | **: A 5 GENERATION PEDIGREE**  (complete with REGISTRATION numbers and colours)  **: The ORIGINAL REGISTRATION CERTIFICATE ISSUED BY THE ORIGINAL BODY** | | | | | | | **FEES RE-REGISTRATION $30.00 (Transfer from another Aust Control)**  **$80.00 (Transfer from International Body)** | | | | | | | | | FOR OFFICE USE ONLY | **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. | | |