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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**Registered No: A0023723Y ABN 87 706 132 139Applicable Organisation under Domestic Animals Act*PATRON*: Jack Rae OAM |

**APPLICATION FOR RESULTS OF DNA TESTING TO BE RECOGNIZED IN FCCV REGISTER**

For DNA results to be acceptable for FCCV records the following process must be followed:

1. Cat must be micro chipped
2. Swab sample must be taken and submitted by a Veterinarian or witnessed by an FCCV committee Member (*this could be done at time of Microchipping. Microchip must be scanned at time of taking swab*.)
3. Results Certificate to be included with this Application
4. **Original Registration Certificate with Fee of $15.00 to be included with Application.**

**Details of Cat being tested**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Microchip # |  |
| Registration # |  | Registering Body | FCCV |
| Breed |  | DOB |  |
| Colour |  |  Sex |   |

**Details of requested test (Please specify and/or tick)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PKD Disease |  | Agouti (Colour) |  | Chocolate Cinnamon |  | Points (Coloration) |  |
| Dilute (Colour) |  | DNA Profile |  | Parentage Verification |  | HCM |  |
| Longhair |  |  |

**Details of Owner**

|  |  |
| --- | --- |
| Name | FCCV Member # |
| Address | Postcode |
| Email address | Phone No. |

|  |  |
| --- | --- |
| Declaration by Owner: | ***I declare all information on this application to be true and correct***. |
| Signature: |  |  Date: |  |

**Details of Veterinarian or FCCV Witness**

|  |  |
| --- | --- |
| Name | Phone No. |
| Address | Postcode |
| Email address |

|  |  |
| --- | --- |
| Declaration by Veterinarian or FCCV Witness: | ***I declare all information on this application to be true and correct.*** |
| Signature: |  |  Date: |  |