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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:secretary@fccv.com.au)  Registered No: A0023723Y ABN 87 706 132 139  Applicable Organisation under Domestic Animals Act  *PATRON*: Jack Rae OAM  **APPLICATION FOR REGISTRATION OF A CAT OR KITTEN IN THE F.C.C.V. GENERAL REGISTER**  *This form to be used to register individual* **KITTENS/CATS**  *A different form to be used for registering a LITTER or PREFIX name*  **NOTES** |

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| 1. Please use ink. Only BLOCK CAPITALS accepted.   2(a) No name including the prefix shall exceed 25 letters. The use  of numbers, whether in words or numerals, apostrophes and  the letter(s) which go with it, and all hyphens are not permitted  2(b) 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. | | | | | | | | | 1. No cat shall be registered unless the litter in which it was born is recorded and the breeder has registered a stud prefix, unless special permission of the Committee of the Feline Control Council (Victoria) Inc. is obtained.   4. Applications for the registration of cats shall only be accepted for breeds  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 | | | | | | | | | | |
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| Breed: | Sex: | | | | | | | | | | | Microchip Number: | | | | | |  | |
| Colour: | Date of Birth: | | | | | | | | | | | Council Reg Number: | | | | | |  | |
| Name of Sire: | | | | | | | | | | Colour: | | | | | Reg No: | | | | |
| Name of Dam: | | | | | | | | | | Colour: | | | | | Reg No: | | | | |
| **NAME OF BREEDER(S): Mr/Mrs/Miss/Ms** | | | | | | | | | | | | | | | Membership No: | | | | |
| ADDRESS | | |  | | | | | | | | | | | POSTCODE: | | | | |  |
| **DECLARATION TO BE SIGNED BY THE BREEDER(S)** | | | | | | | | | | | | | | | | | | | |
| 1/We the breeder(s) of the above cat certify that to the best of my/our knowledge and belief; the above particulars are correct and that the litter is recorded with the Feline Control Council (Victoria) Inc. with the prefix and litter number shown below. | | | | | | | | | | | | | | | | | | | |
| Signed | | | | | | | | Recorded Litter No: | | | | | | | | Date: | | | |
| Please use a PREFIX form to register a Cattery  Name PLEASE PROVIDE THREE CHOICES OF NAMES FOR YOUR CAT/KITTEN  See Note 2(a), (b) and (c) | | | | | | Breeders Prefix | | | | | | | | | IF THESE NAMES ARE NOT AVAILABLE THE FELINE CONTROL COUNCIL (VICTORIA) INC. WILL SELECT A NAME, IF YOU INITIAL THIS SPACE. | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| NAME OF OWNER: Mr/Mrs/Miss/Ms | | | | | | |  | | | | | | **MEMBERSHIP No:** | | | |  | | |
| Address | | |  | | | | | | | | | | | Postcode: | | | | |  |
| Phone | | | | Mobile | | | | | | | E-Mail | | | | | | | | |
| **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:** | | | |  | | | |
| FEES | | **REGISTRATION** | | | | | | | | | | $20.00 | | | |  | | | |
| 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.* | | | | |