**** Complete cat record form

|  |  |
| --- | --- |
| Member Name |  |
| Address |  |
| Contact Number |  |
| Prefix |  |
| GCCFV Membership Number |  |
| Municipal Council or Shire |  |
| PER source number |  |

CAT DETAIL

|  |  |
| --- | --- |
| Address where housed, including Municipal Council(if not with breeder) |  |

|  |  |
| --- | --- |
| Registered Name |  |
| Microchip # |  | Sex |  M / F  |  Desexed  | Y / N |
| Registration # |  | Breed |  |
| Colour |  |  DOB |  |
| Sire Name |  |
| Queen Name |  |

*Note: Insert (or attach) scanned registration certificate*

BIRTH HISTORY

|  |  |  |  |
| --- | --- | --- | --- |
| Number of females in the litter |  | Number of males in the litter |  |
| Number of live births in the litter |  | Number of stillborns in the litter |  |
| Describe any birth complications |
|  |

NEW HOME DETAILS

|  |  |  |
| --- | --- | --- |
| 🞏 Pet 🞏 Breeding  | Source Number (if applicable) |  |

NEW OWNER DETAILS

|  |  |
| --- | --- |
| Name |  |
| Residential address where cat will live |  |
| Contact Number |  |
| Municipal Council |  |
| Microchip form transfer signed  | 🞏 Yes 🞏 No  | Microchip form transfer lodged?  | 🞏 Yes 🞏 No  |
| Sales contract signed and given to new owner?  | 🞏 Yes 🞏 No  |

*Note: Copy of microchip transfer form and signed guarantee should be attached to this record*

EUTHANASIA DETAILS

|  |  |
| --- | --- |
| Date of euthanasia (or death) |  / /  |
| Vet clinic performing euthanasia |  |
| Reason for euthanasia (death) |  |

RETURN RECORD

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | Gender | 🞏 Male 🞏 Female |
| Microchip # |  | Return date |  / / |
| Microchip form transfer signed? | 🞏 Yes 🞏 No Date: \_\_\_/\_\_\_/\_\_\_\_  | Microchip form transfer lodged? | 🞏 Yes 🞏 No Date: \_\_\_/\_\_\_/\_\_\_\_  |
| Return reason |

*Note: Copy of microchip transfer form should be attached to this record*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Given** | **Feline Enteritis** | **Feline Respiratory** **Disease** | **Feline Chlamydia** | **Feline Leukaemia** | **Feline Immunodeficiency Virus** | **Intestinal worms/Heartworm** | **Fleas, Ticks and Mites** |
| / / |  |  |  |  |  |  |  |
| / / |  |  |  |  |  |  |  |
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VACCINATION & WORMING HISTORY(Must be accompanied by a copy of the veterinary issued vaccination record)

GENERAL HEALTH HISTORY(Must be accompanied by a copy of any veterinary treatment record)

|  |  |  |
| --- | --- | --- |
| **Date** | **Description of Illness** | **Treatment** |
| **Example**7/2/20187:50AM | Small wound on back leg — above hockHas been bleeding, but had begun to scab over | Washed with salineAntiseptic ointment appliedCheck in 4 hours |
|  / / |  |  |
|  / / |  |  |
|  / / |  |  |
|  / / |  |  |
|  / / |  |  |

REPRODUCTIVE HISTORY (Queen)

|  |  |
| --- | --- |
| Registered Name  |  |
| Microchip # |  | Date of Birth |  / / |
| Attach copy of breeding clearance to this record |  |

| **Last annual health certificate issue date** | **Mating date****(List each day)** | **Sire** | **Expected due date** | **Birth date** | **# Live births** | **# Stillborn** | **Total number in Litter** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Female** | **Male** | **Female** | **Male** |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |

**Attach copies of GCCFV stud service / litter form**

REPRODUCTIVE HISTORY (Sire)

|  |  |
| --- | --- |
| Registered Name  |  |
| Microchip # |  | Date of Birth |  / / |
| Attach copy of breeding clearance to this record |  |

| **Last annual health certificate issue date** | **Mating date****(List each day)** | **Female** | **Expected due date** | **Birth date** | **# Live births** | **# Stillborn** | **Total Number in Litter** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Female** | **Male** | **Female** | **Male** |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |

Attach copies of GCCFV stud service / litter form

**NOTES**