



COST: \$5 per kitten registration

# LITTER REGISTRATION APPLICATION FORM - PLEASE PRINT CLEARLY

(Please read FORM C 1 before completing this form)

CFCCQ/Litter 10/11

**Council of Federated Cat Clubs of Qld Inc**

**Registrar:** Mrs Chris Merritt

P.O. Box 9050, WILSONTON Qld. 4350

07 4637 0058 a/h [registrar@cfccq.org](mailto:registrar@cfccq.org)

\$5 per kitten registration

MATING DATE	LITTER Date of Birth	TOTAL MALES	TOTAL FEMALES	TOTAL PROGENY	MEMBER No.	CFCCQ Inc PREFIX

<b>BREED:</b>	<b>SIRE</b>
<b>REGISTERED NAME OF SIRE:</b>	
<b>REGISTRATION NUMBER:</b>	
<b>COLOUR:</b>	
<b>OWNER[S] OF SIRE AT TIME OF MATING:</b>	
<b>ADDRESS:</b>	<b>POST CODE</b>
<b>PHONE:</b>	<b>EMAIL:</b>
<b>SIGNATURE OR OWNER[S]</b>	
<b>BREED:</b>	<b>DAM</b>
<b>REGISTERED NAME OF DAM:</b>	
<b>REGISTRATION NUMBER:</b>	
<b>COLOUR:</b>	
<b>OWNER[S] OF DAM AT TIME OF MATING:</b>	
<b>ADDRESS:</b>	<b>POST CODE</b>
<b>PHONE:</b>	<b>EMAIL:</b>
<b>SIGNATURE OR OWNER[S]</b> I hereby certify the above it true and correct.	
<b>DATE:</b>	

<b>1</b>	<b>KITTEN'S NAME:</b>	REGISTRATION NUMBER
MALE / FEMALE	BREED	COLOUR
NEUTER / SPEY	OWNER'S NAME[S]	OWNER'S ADDRESS
		POST CODE
PET ONLY - TO BE DESEXED <input type="checkbox"/>	NOT TO BE TRANSFERRED ENTIRE AGAIN <input type="checkbox"/>	OTHER CONDITIONS
<b>2</b>	<b>KITTEN'S NAME:</b>	REGISTRATION NUMBER
MALE / FEMALE	BREED	COLOUR
NEUTER / SPEY	OWNER'S NAME[S]	OWNER'S ADDRESS
		POST CODE
PET ONLY - TO BE DESEXED <input type="checkbox"/>	NOT TO BE TRANSFERRED ENTIRE AGAIN <input type="checkbox"/>	OTHER CONDITIONS
<b>3</b>	<b>KITTEN'S NAME:</b>	REGISTRATION NUMBER
MALE / FEMALE	BREED	COLOUR
NEUTER / SPEY	OWNER'S NAME[S]	OWNER'S ADDRESS
		POST CODE
PET ONLY - TO BE DESEXED <input type="checkbox"/>	NOT TO BE TRANSFERRED ENTIRE AGAIN <input type="checkbox"/>	OTHER CONDITIONS
<b>4</b>	<b>KITTEN'S NAME:</b>	REGISTRATION NUMBER
MALE / FEMALE	BREED	COLOUR
NEUTER / SPEY	OWNER'S NAME[S]	OWNER'S ADDRESS
		POST CODE
PET ONLY - TO BE DESEXED <input type="checkbox"/>	NOT TO BE TRANSFERRED ENTIRE AGAIN <input type="checkbox"/>	OTHER CONDITIONS
<b>5</b>	<b>KITTEN'S NAME:</b>	REGISTRATION NUMBER
MALE / FEMALE	BREED	COLOUR
NEUTER / SPEY	OWNER'S NAME[S]	OWNER'S ADDRESS
		POST CODE
PET ONLY - TO BE DESEXED <input type="checkbox"/>	NOT TO BE TRANSFERRED ENTIRE AGAIN <input type="checkbox"/>	OTHER CONDITIONS

PLEASE COMPLETE **ALL** DETAILS BEFORE SENDING - PROCESSING OF INCOMPLETE FORMS WILL BE DELAYED.

**CFCCQ Inc DIRECT DEPOSIT DETAILS:**  
**BSB: 638 070 A/C No: 11748710 A/C Name: CFCCQ Inc**  
**REFERENCE: Surname and Member Number**  
 Please email [registrar@cfccq.org](mailto:registrar@cfccq.org) with details of payment.