



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

- The cat must be microchipped.
- A swab sample must be taken and submitted by a veterinarian OR witnessed by an FCCV committee member (this can be done at the time of microchipping). The microchip must be scanned at the time when the swab is taken.
- A results certificate must be included with this application.
- The original registration certificate, along with the applicable fee, must also be included with the application.

<b>NAME OF CAT:</b>			
<b>REG NO:</b>		<b>MICROCHIP NO:</b>	
<b>BREED:</b>		<b>COLOUR:</b>	
<b>REG BODY:</b>	FCCV	<b>SEX:</b>	
		<b>DATE OF BIRTH:</b>	

**DETAILS OF REQUEST TEST (PLEASE TICK BY CLICKING THE BOX)**

PKD Disease	<input type="checkbox"/>	Agouti (Colour)	<input type="checkbox"/>	Chocolate Cinnamon	<input type="checkbox"/>	Points (Coloration)	<input type="checkbox"/>
Dilute (Colour)	<input type="checkbox"/>	DNA Profile	<input type="checkbox"/>	Parentage Verification	<input type="checkbox"/>	HCM	<input type="checkbox"/>
Longhair	<input type="checkbox"/>	OTHERS (Please specify):		<input type="checkbox"/>			

**DETAILS OF OWNER**

<b>NAME OF OWNER:</b>		<b>TITLE:</b>	
<b>TEL NO:</b>		<b>M/SHIP NO:</b>	
<b>ADDRESS:</b>		<b>POSTCODE:</b>	
<b>E-MAIL ADDRESS:</b>			

**DECLARATION BY THE OWNER:**

*I declare all information on this application to be true and correct.*

<b>SIGNATURE:</b>		<b>DATE:</b>	
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**DETAILS OF VETERINARIAN OR FCCV WITNESS**

<b>NAME:</b>		<b>TITLE:</b>	
<b>ADDRESS:</b>		<b>POSTCODE:</b>	
<b>E-MAIL ADDRESS:</b>		<b>TEL NO:</b>	

**DECLARATION BY VETERINARIAN OR FCCV WITNESS:**

*I declare all information on this application to be true and correct.*

<b>SIGNATURE:</b>		<b>DATE:</b>	
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<b>FEE ON RECORD DNA TESTING RESULT:</b>	<b>\$22.00</b>	<b>CHECKLIST:</b>	<ol style="list-style-type: none"><li>1. DNA RESULT CERTIFICATE</li><li>2. ORIGINAL PEDIGREE CERTIFICATE</li><li>3. APPLICABLE FEE</li></ol>
<b>RETURN COMPLETED FORM WITH FEE BY POST OR E-MAIL TO:</b> THE SECRETARY FELINE CONTROL COUNCIL (VICTORIA) INC. Fac 3 No.4 Dempster Street Ferntree Gully VIC 3156 E-mail: <a href="mailto:secretary@fccv.com.au">secretary@fccv.com.au</a>		<b>Direct Banking Details:</b> Account Name: Feline Control Council (Victoria) Inc. WESTPAC: BSB: 033-609 A/C: 638240 Banking receipt to be sent with paperwork for processing.	