

Tel 011-6167017, Cell 082 549 2931, Fax 0866168294, sacatreg@iafrica.com, www.tsacc.org.za

THE S A CAT REGISTER

APPLICATION FOR CERTIFICATION OF ENTIRETY
For cats not registered as Studs in other South African Associations (F1c)

To be complete	ed by owner:				
NAME OF CAT	- :				
Date of Birth			Association Registration No:		
Breed:			Breed No:		
I certify that I a from breeding v		er of the a	bove cat and that I	know of no r	eason which should preclude me
NAME:					
ADDRESS:					
Postcode:					
Tel No: () e-mail:					
Date:					
Signed:					
1. Does this o					
•	e elaborate:				
I have today examined the above-mentioned cat and find him fit / unfit to be used for stud purposes.					
NAME:					
ADDRESS:					
TEL NO.:		DATE:		SIGNED:	
					VETERINARIAN STAMP