



Tasmanian Feline Association Inc.

An affiliate of the Australian Cat Federation

LITTER REGISTRATION FORM

Breeders Name _____ Phone _____ M/Ship No _____

Address _____ Email _____

Note: If the sire is NOT registered with the Tas Feline Inc., a copy of a 4 (four) generation pedigree (complete with colour and registration numbers) must accompany this form.

Sire _____

Registration No. _____

Breed _____

Colour/Pattern _____

Owner's Name _____

Address _____

Microchip No. _____

Owner's Signature _____ **Date** _____

Dam _____

Registration No. _____

Breed _____

Colour/Pattern _____

Owner's Name _____

Address _____

Microchip No. _____

Date Serviced _____ **to** _____ **DOB** _____ **Owner's Signature** _____ **Date** _____

When completing this form Names including the prefix shall not exceed 25 letters including spaces. The use of numbers, apostrophes and all hyphens are not permitted. Names that are misleading as to sex, origin or relationship may be refused. Applications for registration of cats shall only be accepted for breeds and colours recognised by the Committee of the TFA and such applications shall only be accepted if the breeder's declaration set out below is signed by the breeder. No changes to the original application will be accepted. All litter kittens name, sex, breed and colour to be listed. Please make sure that ALL details have been supplied – application form will be returned if not fully completed.

Declaration: I hereby certify that the information given is true and correct to the best of my knowledge and belief, and I make application for the Registration of the kitten/s herein referred to in accordance with the provision of the Rules and Regulations of the Tasmanian Feline Association Inc.

Signed (Breeder) _____ **Date** _____

Send completed forms and proof of payment to:
Tas Feline Registrar – PO Box 11035, Kingswood NSW 2340
Enquiries only email: tasfelineregistrar@gmail.com

Tas Feline Inc. Litter Form Details of All Kittens in Litter: *(names must include prefix)*

Breeder Prefix: _____ Membership No.: _____ Signed: _____ Date: _____

Breed/s: _____ D O B: _____ Number living: _____ Live Males: _____ Live Females: _____

Name

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Sex: (*circle*) Male Female Neuter Spay Breed: _____ Colour: _____ Gen: _____

Eye Colour: _____ Microchip No.: _____ EMS Code: _____ *Office Use Only:* _____

Name

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Sex: (*circle*) Male Female Neuter Spay Breed: _____ Colour: _____ Gen: _____

Eye Colour: _____ Microchip No.: _____ EMS Code: _____ *Office Use Only:* _____

Name

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Sex: (*circle*) Male Female Neuter Spay Breed: _____ Colour: _____ Gen: _____

Eye Colour: _____ Microchip No.: _____ EMS Code: _____ *Office Use Only:* _____

Name

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Sex: (*circle*) Male Female Neuter Spay Breed: _____ Colour: _____ Gen: _____

Eye Colour: _____ Microchip No.: _____ EMS Code: _____ *Office Use Only:* _____

Name

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Sex: (*circle*) Male Female Neuter Spay Breed: _____ Colour: _____ Gen: _____

Eye Colour: _____ Microchip No.: _____ EMS Code: _____ *Office Use Only:* _____

Name

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Sex: (*circle*) Male Female Neuter Spay Breed: _____ Colour: _____ Gen: _____

Eye Colour: _____ Microchip No.: _____ EMS Code: _____ *Office Use Only:* _____

Fees: Litter Registration **\$15.00** and **\$5.00** per kitten including Cert. Pedigree for all kittens **TOTAL:** _____

(All litters must be registered before 9 months of age. Application to register litters older than 9 months and younger than 18 months must be submitted to the registrar with a \$20 payment fee (additional to litter registration fee), it will then be up to the discretion of the committee to either accept or decline the application.)