



CERTIFICATE OF ENTIRETY

PLEASE NOTE: THIS FORM IS TO BE USED FOR CATS ON THE ACTIVE REGISTER ONLY

Cat's Registered Name:

Registered No:

Date of Birth:

Breed:

To be completed by the owner:

This is to certify that the cat named above is the cat being presented for examination for entirety.

Signature:

Name:

Address:

.....

Date:

To be completed by the Veterinary Surgeon:

I certify that, at the time of examination, the cat named above had two testicles of normal size and texture correctly positioned within the scrotum.

Microchip No. if available and confirmed:

Name (Block Capitals):

Practice Name:

Address:

Signature of Veterinary Surgeon: Date:...../...../20.....

Owners are advised to photocopy this certificate before returning the original to the:

**Mrs. Caroline Wren
Ballinacourty
Glenroe, Kilfinane
Co Limerick**