



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.

(All Stud Cats MUST be microchipped)

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**