

**THE GOVERNING COUNCIL OF THE CAT FANCY**

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**KITTEN HEALTH CHECK RECORD**

(Required when a full vaccination course cannot be given)

**1. BREEDER SECTION – KITTEN DETAILS** *(See notes on reverse)*

Kitten's Name: .....

Registration No: ..... GEMS: ..... Sex:.....

Colour: ..... Date of Birth: .....

Breeder' name: ..... (Please Print)

**2. VETERINARY SURGEON SECTION** *(See notes on reverse)*

**a) RESULT OF CLINICAL EXAMINATION INCLUDING AUSCULTATION OF THORAX**

.....  
.....  
.....  
.....

**b) MICROCHIP NUMBER:** .....

**c) DECLARATION BY VETERINARY SURGEON**

I confirm that I have examined the kitten detailed above and implanted/verified a microchip with the number given above (delete as applicable).

Or

I confirm that the kitten has no microchip

I confirm that I was unable to vaccinate the kitten prior to rehoming in accordance with GCCF Rule 1/10bii due to a shortage of available vaccine.

The kitten has received 0 / 1 dose of vaccine (Delete as applicable).

**PRACTICE STAMP**

Name: .....

Date: .....

**3. BREEDER DECLARATION** *(See notes on reverse)*

I confirm: a) That I understand that the kitten (details above) has not been fully vaccinated in accordance with the GCCF Section Rule 1 10bii due to a vaccine shortage and will inform the kitten's new owner to this effect and give them a signed copy of this form at the time of sale, and also send a copy to the GCCF Office.

b) That I will not rehome the kitten until it is at least 12 weeks old.

c) That I will instruct the new owner to arrange for the kitten to be fully vaccinated according to their own veterinary surgeon's recommendation as soon as the appropriate vaccine is available.

d) That I have advised them that the kitten should be isolated from other cats until at least 7 days after completion of the vaccination course.

Signature of Breeder:..... Date: .....

**NB: THIS DECLARATION DOES NOT CONSTITUTE A WARRANTY NOR GUARANTEE OF HEALTH AND IS ONLY VALID AT THE TIME OF EXAMINATION**

## GUIDANCE NOTES FOR COMPLETION OF KITTEN HEALTH CHECK RECORD

(Required when a full vaccination course cannot be given)

### 1. BREEDER SECTION – KITTEN DETAILS

Please complete a form for each kitten to be examined with details exactly as printed on the registration certificate. The pet name may be added in brackets after the registered pedigree name.

Please print breeder's name in **BLOCK CAPITALS**.

### 2. VETERINARY SURGEON SECTION

a) Please carry out a routine clinical examination including auscultation of the thorax. Please record the result where indicated. If no abnormalities are detected this must be stated.

b) Please microchip the kitten if requested by the owner and record the microchip number where indicated. If the kitten has already been microchipped please scan to verify the chip. Please delete "implanted" or "verified" as appropriate. If the kitten has not been microchipped please delete the appropriate sentence.

Please indicate whether the kitten has received no vaccine or a single dose only by deleting 0/1 as appropriate.

c) Please sign and date the declaration at the end of the section.

### 3. BREEDER DECLARATION

Please read points a) to d) carefully.

When the kitten is rehomed please explain the reason for this form to the owner and emphasise the importance of arranging vaccination of the kitten as soon as the vaccine is available together with the importance of isolating the kitten from other cats until at least 7 days after the vaccination course has been completed.

Please sign and date the form. Give one copy to the new owner and send a second copy to the GCCF office (Email is acceptable – [info@gccfcats.org](mailto:info@gccfcats.org)) and keep the original for your own records. The information provided will be kept on record by the GCCF.

NB This form is effective from 14/10/2021 until further notice. Breeders should check the GCCF website regularly for information as the situation changes.

Dr Susan F Moreland BA Vet MB MRCVS

GCCF Veterinary Officer

14<sup>th</sup> October 2021