



KITTEN HEALTH CHECK RECORD (Required when a full vaccination course cannot be given)

BREEDER SECTION – KITTEN DETAILS (See Appendix)

Kitten's Name:.....

Registration No: EMS: Sex:.....

Colour:

Date of Birth:

Breeder' name:(Please Print)

VETERINARY SURGEON SECTION (See Appendix)

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 FIFE BRR Rule 2.3.3 due to a shortage of available vaccine.

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

Practice Stamp

Name:

Date:

BREEDER DECLARATION (See Appendix)

I confirm:

a) That I understand that the kitten (details above) has not been fully vaccinated in accordance with the FIFE BRR 2.3.3 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 my Felis Britannica Club secretary.

- 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

APPENDIX

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, send a second copy to your Felis Britannica Club Secretary and keep the original for your own records. The information provided will be kept on record by Felis Britannica.

NB This form is effective from 01/11/2021 until further notice.