



QUEENSLAND FELINE ASSOCIATION INC.

DNA RESULTS

Fee \$6.00 + Postage

Re-issue Certificate of Registration & Pedigree

Longhair Registrar
PO Box 2456 Nth Ipswich QLD 4305
Email: longhair@qfeline.com

Shorthair Registrar
PO Box 2456 Nth Ipswich QLD 4305
Email: shorthair@qfeline.com

**This form is for the purpose of recording the DNA Results on a cat's
"Certificate of Registration and Pedigree".**

DNA results for inheritable disorders, blood group, colour, agouti, points, and longhair carriers etc. may be recorded on a cat's Certificate of Registration & Pedigree. The swab sample must be taken and submitted to the Laboratory by a Veterinarian who must scan and record the microchip at time of taking the sample declaring same on Laboratory form. Once the result is received back from the Laboratory, if it is CLEAR, a copy of results with this completed form can be forwarded to the Registrar. Please indicate which result you wish to have added onto the Certificate of Registration & Pedigree. This will only be included on the registration of the cat that was tested. (It will not carry through to the Certificate of Registration & Pedigree of any progeny). A copy of the full DNA profile result can be added to the database. DNA result that does not conclusively rule out the cat ever developing a genetic disease will not be recorded on the Certificate of Registration & Pedigree.

Name of Cat: _____

Microchip Number: _____ Sex M F N S

Breed: _____ Colour: _____

Current Registration Number: _____ DOB _____

Owner: _____

Address: _____

Email: _____ Phone _____

I wish to have recorded on my pedigree the result of

- PKD Agouti () Longhair DNA Profile – Database only
- HCM Dilute () Blood Group Parentage – Database only
- Non-CP Carrier Colour Other _____

Please Note: Only limited results can be displayed on the pedigree – A copy of the DNA profile can be added to the database for future reference.

I hereby declare that the above is true and correct and the **attached DNA results** belong to the above-mentioned cat

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY	FOR DIRECT PAYMENT INTO QUEENSLAND FELINE ASSOCIATION INC ACCOUNT		
	BSB – 484 799 ACCOUNT NO – 601 714 139	AMOUNT OF TRANSFER \$	
	REFERENCE OF TRANSFER PLEASE QUOTE SURNAME & BREEDER NUMBER ONLY		
	DATE OF TRANSFER:	RECEIPT NO OF TRANSFER:	