



NEUTER / SPAY NOTIFICATION 2024

7

This form to be completed in full and returned together with a copy of the cat's pedigree / To be submitted together with Domestic Pet Registration

CFSA · NATIONAL CAT REGISTER (NCR) · Bultfontein Road, Vastfontein, 0120

EMAIL cfsaregistrar2024@gmail.com · CELL 083 442 1512

OFFICE HOURS: Mondays - Fridays 08:00 - 16:00 · Closed on Public Holidays and weekends

| | | | | | | | | | | | | | | | | |
|--------------------|--|---------------------|---|--|--|--|--|--|--|---------------|------------------|---|---|---|---|---|
| CAT DETAILS | NAME OF CAT | Registration number | M | | | | | | | Date of birth | D | D | M | M | Y | Y |
| | | Breed code | | | | | | | | | Example PER08SOB | | | | | |
| | Full details of cat (for veterinarian identification purposes) | | | | | | | | | | | | | | | |
| | Breed | | | | | | | | | | | | | | | |
| Colour and pattern | | | | | | | | | | | | | | | | |

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|---------------------------------|----------------------|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TO BE COMPLETED BY VETERINARIAN | Name of veterinarian | | | | | | | | | | | | | | | |
| | Address / Telephone | | | | | | | | | | | | | | | |
| | Veterinarian's stamp | Date of sterilisation | | | | | | | | | | | | | | |
| | | Signature of veterinarian | | | | | | | | | | | | | | |

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|-----------------|---|--|--|--|--------|--|--|--|--------------|--|-----|-------|-------|----------------------|-----|--|
| OWNER DETAILS | SURNAME | | | | | | | | | | | Title | | | | |
| | FIRST NAME | | | | E-mail | | | | | | | | | | | |
| | Physical address | | | | | | | | Cell number | | | | | | | |
| | | | | | | | | | Postal code | | | | | Other contact number | | |
| | CATTERY NAME | | | | | | | | Cattery code | | | | | | | |
| Club membership | It is a pre-requisite that all registered breeders must be a current member of at least one CFSA affiliated club; please tick appropriate box where membership renewed for 2024 | | | | | | | | | | FFC | | KZNCC | | NCS | |

| DECLARATION AND SIGNATURE OF OWNER | I, the undersigned, declare: <ul style="list-style-type: none"> that the particulars provided above and below are complete and true to the best of my knowledge that I have read the CFSA Breeder and Registration Rules and agree to abide by them | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----------------|---|--|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|---|--|--|--|
| | Signature of OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date signed and submitted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <th colspan="16">PLEASE NOTE THE NEW BANKING DETAILS</th> </tr> <tr> <td>Bank / Branch</td> <td colspan="15">NEDBANK - Randridge</td> </tr> <tr> <td>Account holder</td> <td colspan="15">Cat Federation of Southern Africa</td> </tr> <tr> <td>Branch code</td> <td colspan="15">151405</td> </tr> <tr> <td>Account number</td> <td>1</td> <td>5</td> <td>1</td> <td>4</td> <td>2</td> <td>2</td> <td>3</td> <td>3</td> <td>7</td> <td>6</td> <td colspan="5"></td> </tr> <tr> <td colspan="10">Please use your cattery name and surname as reference on all payments, e.g. Purr-n-Meow / Bester</td> <td colspan="6">FREE of charge</td> </tr> <tr> <td colspan="10"></td> <td>Amount paid</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | | | | | | PLEASE NOTE THE NEW BANKING DETAILS | | | | | | | | | | | | | | | | Bank / Branch | NEDBANK - Randridge | | | | | | | | | | | | | | | Account holder | Cat Federation of Southern Africa | | | | | | | | | | | | | | | Branch code | 151405 | | | | | | | | | | | | | | | Account number | 1 | 5 | 1 | 4 | 2 | 2 | 3 | 3 | 7 | 6 | | | | | | Please use your cattery name and surname as reference on all payments, e.g. Purr-n-Meow / Bester | | | | | | | | | | FREE of charge | | | | | | | | | | | | | | | | Amount paid | R | | | |
| PLEASE NOTE THE NEW BANKING DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank / Branch | NEDBANK - Randridge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account holder | Cat Federation of Southern Africa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch code | 151405 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account number | 1 | 5 | 1 | 4 | 2 | 2 | 3 | 3 | 7 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | Amount paid | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This form is valid from January 2024 - old forms will not be accepted. Changes to the format will not be accepted.
 All forms can be downloaded from the CFSA web, either in pdf format (complete manually) or Excel format (complete electronically).
 CFSA WEB SITE: www.cfsa.co.za