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|---|---|
| STOWARZYSZENIE HODOWCÓW KOTÓW | **VETERINARY CERTIFICATE** |
| | **The cat can be examined by any veterinarian contacted by the breeder** |

The Board of the Cat Breeders Association / SHK / kindly asks the veterinarian to thoroughly examine the cat that is to be used in breeding for reproduction and complete all sections in the certificate below. According to SHK breeding regulations, cats with genetic or developmental defects will not be allowed to reproduce. Official certificate in the administration of the SHK of the decision to allow the cat to breed. Non-breeding cats must be neutered. It is obligatory to microchip the animal.

| | | | |
|---|---|---|---|
| **Name and Surname** Cat owner | | | |
| **Full address of residence** | | | |
| **CAT NAME with a surname** (strictly according to pedigree) | | | |
| **BREED / COLOR the symbol in the pedigree** | | | |
| **Sex** | | **D.O.B.** | |
| **Pedigree number** | | **NO microchip** | |
| **Signature breeders** | | | |

NOTE: mark appropriate by ticking. IF THERE ARE NO DEFECTS - SELECT √ "Flawless"

| | | |
|---|---|---|
| JAW | undershot bite in mm ....., undershot bite in mm ……, oblique jaw, falling out tongue, other remarks: | Flawless |
| TEETH | twist / incorrect loading of canines /, teeth crooked, no canines, other comments: | Flawless |
| EYES | strabismus, endosperm, blindness, enlarged or rolled up eyelid / left eye, right eye /, falling out glimmer, other remarks: | Flawless |
| HEARING | deafness: bilateral, left-sided, right-sided, **In albino cats - compulsory BAEP / BAER hearing test**. | Flawless |
| PAWS | cleft or fusion of the fingers, abnormal number of fingers in the front and rear paws, lameness, other comments: | Flawless |
| TAIL | Please check the entire tail from root to tip: crease, end of tail flat without bone, the so-called "Flaky", thickening of the bones, a spur at the end of the tail, the tail after correction, the tail bent at the base, fusion of the vertebrae - soreness of the tail, etc. **If in doubt, X-ray is recommended** | Flawless |
| **OTHER DISADVANTAGES or noticed irregularities** | dwarfism, rickets, flat chest, comb-like sternum, cat after an accident with permanent damage to the body, soreness to touch the body, other comments: | Flawless |

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|---|---|---|---|---|
| L A S T preventive vaccinations | *Vaccination date:* | | | |
| | *Name of the vaccine* | | | |

**The box is for female cats:**

Is the cat noticeably pregnant at the time of the examination? NO - YES indicative period of pregnancy : ….....

Is the cat feeding NO - YES

**Comments from the vet:** regarding the condition, care, disposition of the cat / high stress, apathy, aggression, other :

I declare that the cat mentioned in the certificate has been personally examined by me and that this certificate is consistent with the facts.

.....

stamp of the Veterinary Clinic <DATE> signature and stamp of the veterinarian

## RECOMMENDED TESTS for detection of FeLV and FIV:

**DATE of the test** .....

name and series of the test .....

**FeLV** test results : .....

**FIV** test results : .....

I certify that this certificate is factually correct.

.....

signature and stamp of the veterinarian