|  |  |
| --- | --- |
| **This form can be used accord. to art . 19 §2 to certify that the breeding cat used is healthy.** | **Send via email to:**  [**Kathleen@felisbelgica.be**](mailto:Kathleen@felisbelgica.be) **(cat. 1&2)**  [**guido@felisbelgica.be**](mailto:guido@felisbelgica.be) **(cat 3&4)** |

**Information on the breeder/owner of the cat:**

|  |  |
| --- | --- |
| Name |  |
| Cattery |  |

**Information on the cat**

|  |  |
| --- | --- |
| Name on the  pedigree |  |
| Pedigree nr. | **(BE) FBE** |
| Chip nr |  |
| Breed |  |

**I, undersigning veterinary doctor, declare to have screened the above mentioned cat and certify that:**

(checkmark what applies & cross out what doesn't)

|  |  |
| --- | --- |
| Cryptorchidy  (only sires) | **both testicles have descended into the scrotum**  **Only one or no testicle descended into the scrotum** |
| Umbilical Hernia | **No umbilical hernia**  **Has an umbilical hernia** |
| FeLV | **Negative**  **Positive** |
| FIV | **Negative**  **Positive** |
| General health | **The animal is in good health. There are no indications that its health will be compromised if it is used in a breeding program.** |

Checked at date: ……/ …… / ……

Name, stamp and signature of the veterinary doctor