



COLOUR PATTERN RECLASSIFICATION ASSESSMENT FORM

A copy of the cat's registration and pedigree must be presented at the time of assessment together with the
Fee of \$6 plus \$8.00 postage & handling

Name of Cat:		Sex:	
Breed:		D.O.B.	
Reg No:		Colour:	
Sire:		Colour:	
Dam:		Colour:	
Reason For Assessment for Change:			
Request To Change To:			
Judge's remarks (1):			
Judge's Name: [Print]		Signature:	
Judge's remarks (2):			
Judge's Name: [Print]		Signature:	
Judge's remarks (3):			
Judge's Name: [Print]		Signature:	

Please forward completed form with cat's registration certificate to:

Secretary Cats Queensland PO Box 3201 Browns Plains Qld 4118 Ph: 07 4659 5877 Time: 9am – 6pm only email: catsqueensland@gmail.com	DIRECT DEPOSIT DETAILS A/C Name: CATS QLD INC BSB: 638 070 A/C Number: 11748710 REFERENCE Your surname & Re-assessment
	Office use only: