



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 \$7 plus \$15.00 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: