Palmerston North Cat Club Inc

# Pedigree Entry Form

**Sunday 4th May 2025**

(please circle or print)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Male** | Breed Code | | Breed Name & Colour | | **Cat** | | **Age (on show day)** | | | | **Date of Birth** | |
| Female |  | |  | | **Years** | |  | |  | |
| Neuter | **Kitten** | | **Months** | |  | |
| Spay | **Weeks** | |  | |
| Exhibit’s Name: | |  | | | | | | Registration No: | | | |  |
| Sire’s Name: | |  | | | | | | Breed No: | | | |  |
| Dam’s Name: | |  | | | | | | Breed No: | | | |  |
| Owner’s Name: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Owner’s Registered Prefix (if any): | | | |  | | Phone No: | | | |  | | |
| Email Address: | |  | | | | | | | | | | |
| Breeder’s Name: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |

**Classes – Refer to Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Open** | **Age** | **NZ Bred** | **Type** |
| **Ring 1** |  |  |  |  |
| **Ring 2** |  |  |  |  |
| **Ring 3** |  |  |  |  |
| **Ring 4** |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I/We consent to be bound by, and submit to the Constitution, By-Laws and Rules of the NZ Cat Fancy Inc and the Club as may be amended from time to time. A copy of NZCF Show Rules may be obtained as detailed in the schedule.  I/We agree to allow printing of my/our name, email address, and prefix in the on sale catalogue.  Signed:  Date:  **I Offer my services as:** (please tick)  Steward Handler  Scribe Other  **Large Cages:**  Cage hire requested for this exhibit (NOTE: subject to availability)  I will provide a cage for this exhibit.  Dimensions: | | |  | Entry Fees (see schedule) | | | $ |
| Catalogue | | | $ |
| Donations | | | $ |
| Cage Hire | | | $ |
| Advertising | | | $ |
| Rosette Sponsorship | | | $ |
| **Total** | | | **$** |
| **Account number for online payment**:  02-0630-0172405-000 | | | |
|  | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | |
| Date Received: | Amt Received: | Underpaid: | | | Overpaid: | Receipt No: | |