



The Cat Association of the Northern Territory (Inc.)

ABN 50 279 332 611

AFFILIATED WITH A.C.F. INC.

WEBSITE: <http://www.cant.asn.au>

REGISTRAR
GPO BOX 3870
DARWIN NT 0801

APPLICATION FOR EXPERIMENTAL BREEDING PROGRAM

(Conditions apply - Refer to Rules and Regulations for full details)

NAME OF CATTERY PREFIX: _____

(If new prefix to be used, an application for Prefix is to accompany this application)

NAME OF REGISTERED OWNER(S): _____

POSTAL ADDRESS: _____

DETAILS OF PROPOSED BREEDING PROGRAM:

(Applicant(s) is to give details of the purpose/aims of the experimental breeding program to be carried out, including details of proposed name of the new breed/colour.)

How many generations before the expected "new" breed/colour will be produced?

How many lines are planned to breed simultaneously? _____. If more than one outcross mating proposed separate details are to be provided for each line.

Is this program being carried out in conjunction with other registered breeders? If so please give details:

Note: A colour marked pedigree for cats to be used in the 1st outcross/mating is to accompany this application. As further matings take place a colour marked pedigree for any registered cats to be used in the program is to be provided to C.A.N.T. (Inc).

DECLARATION:

I/We agree to abide by the rules and regulations of C.A.N.T. (Inc) and declare that we will agree to continue breeding to at least the fourth generation and all kittens from this experimental breeding program, not required by me/us will be desexed, unless they are sold/leased/given to another breeder in the NT with alike, approved, experimental program, or a breeder interstate.

SIGNATURE OF OWNER(s): _____

SIGNATURE _____ **OF** _____ **WITNESS:** _____

OFFICIAL USE ONLY:

Note: Approval to be obtained PRIOR TO COMMENCEMENT of experimental breeding program.

APPROVAL GIVEN/DENIED: _____ **DATE** ____/____/____

[Secretary CANT (Inc.)]

EXPERIMENTAL BREEDING PROGRAM NO: _____

COMMENTS:

DETAILS OF FIRST OUTCROSS MATING:

NAME SIRE: _____		
REGISTRATION NO: _____	SEX: _____	DATE ON BIRTH: _____
BREED: _____	COLOUR: _____	
SIRE: _____		
DAM: _____		
BRED BY: _____		STATE: _____
to be mated with:		
NAME OF DAM: _____		
REGISTRATION NO: _____	SEX: _____	DATE ON BIRTH: _____
BREED: _____	COLOUR: _____	
SIRE: _____		
DAM: _____		
BRED BY: _____		STATE: _____

List details/attributes expected of progeny: (Hybrid Generation)

SECOND MATING:

SIRE/DAM: progeny from first mating		
SIRE/DAM: proposed		
NAME: _____		
REGISTRATION NO: _____	SEX: _____	DATE ON BIRTH: _____
BREED: _____	COLOUR: _____	
SIRE: _____		
DAM: _____		
BRED BY: _____		STATE: _____

List details/attributes expected of progeny: (SR1 Generation)

THIRD MATING:

SIRE/DAM: progeny from second mating

SIRE/DAM: proposed

BREED: _____ **COLOUR:** _____

NOTE: Prior to mating registration details of cat(s) to be provided to C.A.N.T. (Inc).

List details/attributes expected of progeny: (SR2 Generation)

FOURTH MATING:

SIRE/DAM: progeny from third mating

SIRE/DAM: proposed

BREED: _____ **COLOUR:** _____

NOTE: Prior to mating registration details of cat(s) to be provided to C.A.N.T. (Inc).

List details/attributes expected of progeny: (SR3 Generation)

FIFTH MATING:

SIRE/DAM: progeny from fourth mating

SIRE/DAM: proposed

BREED: _____ **COLOUR:** _____

NOTE: Prior to mating registration details of cat(s) to be provided to C.A.N.T. (Inc).

List details/attributes expected of progeny: (SR4 Generation)
