



CAT FANCIERS' ASSOCIATION - JUDGING PROGRAM COMMITTEE

CATTERY VISITATION RECORD®

NAME OF CATTERY: _____ NUMBER: _____

CATTERY OWNER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

DATE VISITED: _____ TIME VISIT STARTED: _____ TIME ENDED: _____

OWNER IS MEMBER OF _____ BREED COUNCIL(S) --**REQUIRED**

HOW LONG HAS OWNER BEEN A MEMBER OF THE BREED COUNCIL(S)? _____

LIST THE BREED, SEX, AGE, COLOR AND TITLE (IF ANY) OF THE CATS YOU HANDLED. USE ADDITIONAL PAGES, IF NECESSARY. APPLICANTS MUST ATTACH A BRIEF EVALUATION OF THE CATS/KITTENS HANDLED. PHOTOS OF APPLICANT HANDLING CATS/KITTENS AT THE CATTERY ARE APPRECIATED.

IF PERSIAN, GIVE DIVISION(S): _____

	BREED	SEX	AGE	COLOR	TITLE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

(OWNER SIGNATURE)

(APPLICANT SIGNATURE)

OWNER COMMENTS: _____

