FELINE FEDERATION OF GREECE PEDIGREE REQUEST

- **To obtain your pedigrees:** Make the payment, as soon as it has been received and all the necessary documents have been submitted, your application will be processed. Incomplete applications will not be processed.
- **Declaration of mating & Declaration of birth** The declaration of pregnancy birth has to be send in, together with the certificates of the tests within 90 days after impregnation
- **Request of pedigree:** should be send within 90 days after birth. The genealogist is obligated to issue the pedigree within 120 days after birth.
- **Tests for Felv-FIV are necessary**
- **HCM-PKD-HD-HP are not necessary if the breed is not mentioned in FIFE'S RULES.**

BREEDER INFORMATION

Cattery name		Owner		Adress	
telephone		email adress			

DECLARATION OF MATING

Mother's name		father's name	
Cattery		Cattery	
Pedigree number		Pedigree number	
Microchip		Microchip	
Owner		Owner	
Address		Address	
City		City	
e-mail		e-mail	
Telephone		Telephone	
EMS code		EMS code	
Pattern/ Coat		Pattern/ Coat	

Tests	Date	Result	Blood	DNA	Echo	Tests	Date	Result	Blood	DNA	Echo
Felv						Felv					
FIV						FIV					
HCM						HCM					
PKD						PKD					
HD						HD					
HP						HP					
GSD IV						GSD IV					

Date	Signature of the female's owner	Signature of the male's owner

Documents to ad to this request:

The female is registered with FFG? If not provide copy of her pedigree	
The male is registered with FFG ? If not, provide copy of his pedigree.	
Certificate of a veterinarian which states that both testicles have descended (for males without titles)	
One copy of FIV and FeLV tests of the parents. (OBLIGATED MEDICAL TESTS DUE TO FIFE'S RULES)	
In the case of white cats, one copy of the BAER test is provided with the request of pedigree.	

DECLARATION OF BIRTH

LITTER INFORMATION

DATE OF BIRTH			
Number of female kitten		Number of male kittens	

PEDIGREE REQUEST

N°	NAME KITTEN INCLUDING CATTERY NAME	EMS code (breed + colour)	Eyecolour (in EMS)	Sex (M/F)	Intented for breeding or pet	MICROCHIP NUMBER	New owner's name	New Owner's adress
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

or approval

Date		Signature	