

Breeder Excellence Feline Leukemia and Feline Immunodeficiency Virus Screening Agreement

Requirements

The Breeder Excellence Feline Leukemia Screening badge is awarded to commercial cat breeding facilities that have tested all adult cats for Feline Leukemia Virus (FeLV) and Feline Immunodeficiency Virus (FIV) and found them to be negative. Adult cats include all sexually intact felines twenty-eight weeks (seven months) of age and older.

Tests for FeLV and FIV must be conducted by or under the direct supervision of a Minnesota licensed veterinarian or personnel at an accredited veterinary diagnostic laboratory. It is the breeder's responsibility to provide the necessary assistance and facilities to test the animals properly.

All FeLV and FIV test results must be mailed to the Board of Animal Health (Board) or emailed to companion.animal@state.mn.us.

An animal by animal inventory must be submitted that includes all sexually intact cats twenty-eight weeks of age and older and any cats that are added to or removed from the facility to ensure testing compliance.

When all adult cats have been confirmed to be negative for FeLV and FIV and results have been received by the Board, a certification date will be assigned.

Additions

Any new adult added to the facility must be isolated and test negative prior to being introduced to the facility.

The facility must maintain an isolation area and practice appropriate biosecurity measures as directed by the facility veterinarian.

Confirmation of FeLV and FIV positive

Any feline testing positive for FeLV or FIV must be removed from the general population in an approved method as determined by the Board or facility veterinarian.

Facility Owner/Manager

I certify that the attached test chart(s) and inventory represents testing of all adult cats in the facility and that any new adults added meet the above requirements.

License Number: _____ Owner/Manager Name: _____

Date: _____ Owner/Manager Signature: _____

Veterinarian

I certify that I tested all adult cats at the facility as indicated on the attached test chart(s).

Veterinarian Name: _____ Date: _____

Veterinarian Signature: _____