Aubs
MAINE COONS

Hello,

My name is Aubre Barnhart, and I am the breeder of the kitten you are seeing today from Aub's Maine Coons Cattery. I wanted to briefly introduce myself and thank you for caring for one of my kittens.

I have provided the buyer with the kitten's prior veterinary records, including wellness visits and vaccination and deworming history, as well as any available health information I have on file.

In this packet that is for you to keep, I have included past wellness visits and a copy of the vet record given to the buyer. I have also included relevant sections of the DNA testing results from the parents, which are provided for background and reference purposes.

As part of my health guarantee, I ask that each kitten receive an initial post-transfer examination within seventy-two (72) hours of pickup. This exam helps support continuity of care and provides baseline documentation of the kitten's health at the time of transfer. I have included a form for the new family and veterinary clinic to complete that authorizes release of veterinary records, permits communication, and verifies completion of the 72-hour exam.

I truly appreciate the work veterinarians do and value clear communication when it comes to the health and well-being of the kittens I breed. If you have any questions or need clarification on prior records or history, please feel free to reach out.

Thank you again for your time and for providing care to this sweet kitten.

Kind regards,

Aubre Barnhart
Aub's Maine Coons
Email: aubsmainecoons@gmail.com
Phone: 816-806-1946

AUTHORIZATION TO RELEASE VETERINARY RECORDS, PERMISSION TO COMMUNICATE, AND 72-HOUR EXAM VERIFICATION

I, _____ (Buyer/Owner Name), am the legal owner and responsible party for the following cat/kitten:

- Cat/Kitten Name: _____
- Breed: _____
- Date of Birth (if known): _____
- Microchip Number (if applicable): _____

I hereby authorize and grant full permission to the veterinary clinic listed below, including all veterinarians, technicians, staff, and affiliated providers, to release any and all veterinary records, notes, diagnostics, test results, imaging, laboratory reports, treatment plans, invoices, communications, and medical history related to the above-named cat/kitten to:

Aub's Maine Coons
Seller/Breeder
Authorized Representative: Aubre Barnhart
Email: aubsmainecoons@gmail.com
Phone: 816-806-1946

This authorization includes, but is not limited to:

- Complete medical records and SOAP notes
- Examination findings
- Diagnostic test results (bloodwork, imaging, CT, MRI, ultrasounds, etc.)
- Neurological evaluations or assessments
- Prescriptions and medication history
- Prognosis discussions
- Referral notes and specialist communications

I further authorize Aub's Maine Coons and its authorized representative to directly communicate with the above veterinary clinic and its providers regarding this cat/kitten's medical care, diagnosis, treatment, and history.

DELIVERY OF RECORDS — 72-HOUR POST-TRANSFER EXAM ONLY
I expressly authorize and request that the veterinary clinic **email a complete copy of the veterinary records and notes from the initial post-transfer examination** directly to **Aub's Maine Coons at aubsmainecoons@gmail.com**.

The initial post-transfer examination is required to be performed **within seventy-two (72) hours of transfer**, unless an extension has been **expressly granted in writing by the Seller prior to the expiration of the 72-hour period**.

This request applies **only to the veterinary visit conducted within the first 72 hours following transfer** and does not require the clinic to automatically provide records from future or unrelated visits unless separately authorized.

VERIFICATION OF COMPLETION
To ensure verification that the above examination and record release have been completed, I further authorize and request that the **veterinary clinic scan and email this fully executed authorization form**, including the veterinary clinic verification and signature section below, **directly to Aub's Maine Coons at aubsmainecoons@gmail.com**.

Submission of photographs, screenshots, or forwarded copies from the Buyer does not satisfy this verification requirement.

This authorization is granted voluntarily, is not limited in scope, and remains valid indefinitely unless revoked in writing by me.

Revocation of Authorization
This authorization may only be revoked by the Buyer through written notice delivered to both the veterinary clinic and Aub's Maine Coons. Any revocation shall apply only prospectively and shall not affect any records, disclosures, or communications released prior to the effective date of revocation.

A photocopy, scanned copy, or electronic copy of this authorization shall be considered as valid as the original. *For avoidance of doubt, while copies of this authorization are valid, verification of completion requires that the scanned authorization be transmitted directly by the veterinary clinic. Copies provided by the Buyer do not satisfy this verification requirement*.

I understand that this authorization may include the release of information protected under applicable veterinary confidentiality standards, and I waive any such restrictions for the purposes stated above.

Veterinary Clinic Name: _____
Clinic Address: _____
Clinic Phone Number: _____
Clinic Email (if known): _____

BUYER / OWNER AUTHORIZATION

Buyer/Owner Signature: _____
Printed Name: _____
Date: _____

VETERINARY CLINIC ACKNOWLEDGMENT

I hereby verify that the above-referenced cat/kitten has been examined by this veterinary clinic and that the following information is accurate to the best of my knowledge:

Date(s) Seen: _____
Microchip Number Verified: _____

Cardiac Auscultation / Heart Murmur:

☐ No heart murmur or other cardiac abnormality was appreciated on auscultation at the time of this examination.

☐ Heart murmur appreciated. Grade: _____ / VI

☐ Other cardiac finding or concern: _____

☐ Cardiac evaluation/referral recommended: Yes / No

I acknowledge receipt of this authorization and agree that the above-named parties are permitted to communicate regarding this patient and that medical records may be released in accordance with this authorization.

Veterinarian or Authorized Clinic Representative Name: _____
Signature: _____
Title: _____
Date: _____

SpaySecure Sterilization Verification Form

SpaySecure is a third-party sterilization compliance program used by responsible breeders to ensure that kittens placed on limited registration or companion agreements are spayed or neutered in accordance with the signed contract. This program helps prevent accidental or unauthorized litters and supports responsible pet ownership.

At the time of sale, the buyer agrees to have their kitten spayed (ovariohysterectomy) or neutered (castration) by a specified age. To confirm compliance, SpaySecure provides a simple verification form for the attending veterinarian to complete.

Please find the SpaySecure Sterilization Verification Form attached.

What we respectfully request from the veterinary clinic:

- Confirmation that a spay (ovariohysterectomy) or neuter (castration) procedure has been performed
- Date of surgery
- Microchip number (if applicable), to verify identity
- Clinic name, address, and phone number
- Signature of the attending veterinarian or authorized staff member

The form does not require full medical records, billing information, or any protected client details beyond confirmation that sterilization has been completed.

The completed form may be returned directly to SpaySecure using the submission instructions listed on the attached document.

If you have any questions regarding this verification process, please feel free to contact SpaySecure directly using the contact information provided on the form.

Thank you for your time and for supporting responsible breeding practices.

Kind regards,

Aubre Barnhart
Aub's Maine Coons
Email: aubsmainecoons@gmail.com
Phone: 816-806-1946

Vet Attestation of Sterilization Procedure Form

This section to be completed by attending licensed veterinarian

Please scan the pet's microchip number:

☐ **Yes, clinic scanned the chip** (**required***) ☐ **No, did not scan the chip**

Microchip number: _____ (Do not place a sticker here)

Pet Sex (circle one) **M** **F** and type (circle one) **Canine** **Feline** **Other** _____

Pet Weight _____ Fur Color _____

Date of Sterilization Operation (year-month-day) _____/___/___ and type:

Hysterectomy **Ovariohysterectomy** **Orchidectomy**

Other (describe) _____

Name of Vet Clinic _____ Phone _____

Street Address of Vet Clinic _____

City _____ State/Province/Territory _____ ZIP / Postcode / Post Code _____

Name of Veterinarian _____

By signing below, you attest that all information within this form is true and accurate to the best of your knowledge, and that the indicated operation has been carried out on the specified pet.

Signature of Veterinarian _____ Date (year/month/day) _____/____/____

*(microchip number as scanned by your vet clinic is required to fulfill your sterilization agreement unless your breeder has notified you that this pet did not receive a subcutaneous microchip, which is uncommon. Please have your vet directly scan the chip).

This section to be completed by pet owner

Owner Name _____ Pet name _____

Breeder Name (first, last, company) _____

By signing below, you attest that all information within this form is true and accurate.

Signature of Owner _____ Date (year/month/day) _____/____/____

SpaySecure Pet Services
USA/Canada: +1 (909) 918-4676
help@spaysecure.com
Australia: +61 (07) 5625 3098